

19-Jul-2021 14:40

KAYALI FAX

7/19/2021

L18000120757

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H210002762003ABCU

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.  
Account Number : I20160000100  
Phone : (813)899-9642  
Fax Number : (813)899-9793

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: Info@cpask.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GREEN GALAXY SMOKE SHOP LLC

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H210002162007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREEN GALAXY SMOKE SHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

KAYALI & CO., P.A.

Firm/Company

10630 N 56TH ST, STE 205

Address

TEMPLE TERRACE, FL 33617

City/State and Zip Code

INFO@CPAOSK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSAMA KAYALI

at 813 899-9642

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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H210002162005  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GREEN GALAXY SMOKE SHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/14/2018 and assigned  
Florida document number L18000120757.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3218 1ST ST WEST

BRADENTON, FL 34208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10545 Coral Key Ave,

Tampa, FL 33647

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

10545 Coral Key Ave

*Enter Florida street address*

Tampa

*City*

Florida

33647

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
Indicate the date of filing or more than 90 days after filing.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) and 605.0208 (3)(b), a filing that is not subject to statutory filing requirements, this date will not be listed as the effective date.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 14, 2021

Signature of a member or authorized representative of a member

MUSA HAMED

Typed or printed name of signee

H210002762003

**Filing Fee: \$25.00**

FILED  
JUL 20 AM 8:40  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
JUL 20 2007  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
JUL 20 2007