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2022 OCT -7 PM 1: 32 SECRETARY OF STATE

COVER LETTER

	ition Section of Corporations						
SPI SUBJECT:	UNG HILL TOBACCO & SMOKE SHOP, LLC						
	Name of Limited Liability Company						
	cles of Amendment and fee(s) are submitted for fi orrespondence concerning this matter to the follow						
	MILAD MALKI						
	Name	of Person					
	Firm/	/Company					
	Ac	ddress					
	SPRING HILL, FL 34609						
	City/State MALNYS3@MSN.COM	and Zip Code					
	E-mail address: (to be used for	r future annual report notification) SECRETARY 727 743-4990					
For further inform	nation concerning this matter, please call:						
MILAD MALK	at (5.00 Sept. 100 S					
		Area Code Daytime Telephone Number					
Enclosed is a che	ck for the following amount:	$\widetilde{\mathbb{H}}$					
≘ \$ 25.00 Filin	Certificate of Status Cert	00 Filing Fee & Source Sectificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SPRING HILL TOBACCO & SMOKE SHO	OP, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 08/01/2018	and assigned
Florida document number L18000184554	_ _ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "I.,L,C,"
Enter new principal offices address, if applicable:		3_ 25
(Principal office address MUST BE A STREET ADDI	RESS)	12 C
Enter new mailing address, if applicable:		7 P M
(Mailing address MAY BE A POST OFFICE BOX)		To -
		7 33 7 23
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
		orida
New Registered Agent's Signature if changing Pagisters	•	esp come
New Registered Agent's Signature, if changing Registere	City	Zip Code

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

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>	Address	Type of Action
MGRM	NEAL RAZZOUK	958 CARSTAIRS COURT	□Add
		TARPON SPRINGS, FL 34688	■Remove
			Change
			□Adđ
			□Remove
			□Change
			🗆 Add
			SECRETARY
			HASSI STATE
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing:									<u>-1</u>	_ । - इन्हा
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Effective date, if other than the date of filing: [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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the right is filed. Dated								·	••	
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and i	Dated/	0/3/2	<u> 1</u>	<u> </u>	_ .					
Signature of a member or authorized representative of a member			na.							
			-							

Filing Fee: \$25.00