L19000037367

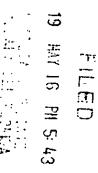
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600329592926

05/16/19--01014--024 **25.00



O SIMMONS NAY 31 2019

COVER LETTER

	ion Section of Corporations		
Hook SUBJECT:	rah 21 LLC		
	Name of Lim	nited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Andre Betancourt		
		Name of Person	
	Hookah 21 LLC		
	307 SW 2ND ST	Firm/Company	
	FORT LAUDERDALE, FL,	Address 33001	
	andrebetancourt1@hotmail	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notifi	cation)
For further informa	ation concerning this matter, please of	call:	
Andre Betancour	t	305 8960329	
1	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing I	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

Hookah 21 LLC	(A) 基础
(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/06/2019 and assigned
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company here: (A Florida Limited Liability
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
·	
(Principal office address MUST BE A STREET ADDRESS)	33001
Enter new mailing address, if applicable:	211 SW 2ND ST. SUITE #A2, FORT LAUDERDALE,
(Mailing address MAY BE A POST OFFICE BOX)	33001
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

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>	Name	Address	Type of Action
AMBR	Andre Betancourt	600 Three Islands Blvd Apt. 509,	
		Hallandale Beach, FL, 33009	Add
		Tallandale Beach, T.E., 33003	□ Remove
			a remove
			Change
			Remove
			; iii ☐ Change
			€ Add
			-0
			Remove
			QRemove ↓ ↓ ↓
			Change
			55 A.J.
			Add
			□ Remove
			Change
			Add
			50
			Remove
			☐ Change
			Add
<u>- ——</u>			
			□ Remove
			.
			Change

	- ·		 	···	·		
			· · · · · · · · · · · · · · · · · · ·				
		<u> </u>					_
			<u>.</u>				
			 				
				<u> </u>		<u> </u>	
						5	
					<u> </u>	HAT	
					_ 		<u> </u>
		·		·		_ _	<u></u>
						72	;
					W.C.	: \$.	
						<i>t</i> ა_	
	 		·				_
				<u> </u>			
		· 					
ective date if other than	n the date of filing:			(opti	onal)		
ective date, if other than	te must be specific and c	cannot be prior to d	ate of filing or more	than 90 days after	r filing.) Po	irsuant to	605.03 listed
ie: If the date inserted in tument's effective date on	the Department of Sta	ate's records.	statutory ming re	quirements, un	s dute wi	11 1101 00	113100
record specifies a del he 90th day after the	ayed effective da record is filed.	ite, but not a	n effective time	e, at 12:01 a	a.m. on	the e	arlier
ed May 7		2019		1			
eu							
	Kan =		Sty A				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00