1190000 45196

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

Office Use Only



800325416768

03/04/19--01025--026 **25.00





MAR 1 2 2019 T. LEMIEUX

COVER LETTER

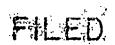
TO: Registration Section Division of Corporations
SUBJECT: EXMALE HOOKAH And Smokes LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Talixa Blackbuch Name of Person
Exhale Hookan and smokes uc Firm/Company
5773 W M(nab RD) Address
North Lauderdale, Fl, 33068 City/State and Zip Code
North lauderdale, Fl, 33068 City/State and Zip Code Funale Hookah and Smaxes Ogmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) SO 6 618 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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



Exhale Hook	an and smokes 1/c 2019 HAR -4 P DE 80
	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SEERE TARY OF STATE: (TALL ARASSEE: FLORIDA)
The Articles of Organization for this Limited L	and assigned and assigned
Florida document number <u>L 19000</u>	45196
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	zable:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Tolika Blackburn
New Registered Office Address:	5773 W MC A a b R B Enter Florida street address
	North lauderdale Florida 33068 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

It 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>	Type of Action
<u>Mar</u>	Gary Jean, SR	5357 North State	C3 /\dd
	Ť	Road 7, Tamarac,	Remove
		Fl, 33319.	Change
MGR	Aline BanTou	4290 NW 44th AVE,	
		lauckedade lakes, Fl,	Remove
		33009	Change
			Remove
			Change

			Remove
			□ Change
			Add
			Remove
			Change
	<u> </u>		
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
an ene 'ote:	ve date, if other than the date of filing: 02/13/2049 (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	
	Nista CI
	Signature of a member or authorized representative of a member
	Talika Blackburn

Page 3 of 3

Filing Fee: \$25.00