

L19000083125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

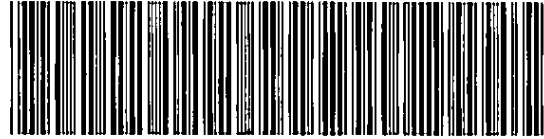
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 24 PM 5:33

*Amend*

JUN 13 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Smokers Club FL 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:

Allister Brown

\_\_\_\_\_  
Name of Person

The Smokers Club

\_\_\_\_\_  
Firm/Company

L19000083125

10387 GANDY BLVD. SUITE 113

\_\_\_\_\_  
Address

SAINT PETERSBURG FL. 33702

\_\_\_\_\_  
City/State and Zip Code

THESMOKERSROOM1000@GMAIL.COM

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

For further information concerning this matter, please call:

Allister Brown

727

564-2850

at ( )

\_\_\_\_\_  
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 &  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 21 PM 5:33

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

THE SMOKERS CLUB FL 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 03/26/2019 and assigned  
Florida document number L19000083125.

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:**

10387 Gandy Blvd Suite 113

**(Principal office address MUST BE A STREET ADDRESS)**

Saint Petersburg, FL

33702

**Enter new mailing address, if applicable:**

10387 Gandy Blvd Suite 113

**(Mailing address MAY BE A POST OFFICE BOX)**

Saint Petersburg, FL

33702

**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:

10387 Gandy Blvd Suite 113

*Enter Florida street address*

Saint Petersburg

*City*

Florida 33702

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Allister Brown	828 Newton Ave s	<input type="checkbox"/> Add
		St Petersburg, FL	<input type="checkbox"/> Remove
		33701	<input checked="" type="checkbox"/> Change
MGR	Ronald Collins	517 8th street N	<input type="checkbox"/> Add
		St. Petersburg, FL	<input type="checkbox"/> Remove
		33701	<input checked="" type="checkbox"/> Change
MGR	Anzio Ashby	1408 28th Ave S	<input type="checkbox"/> Add
		St Petersburg, FL	<input type="checkbox"/> Remove
		33705	<input checked="" type="checkbox"/> Change
MGR	Adrian Ashby	1408 28th Ave S	<input type="checkbox"/> Add
		St Petersburg, FL	<input type="checkbox"/> Remove
		33702	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

Dated MAY 17TH 2019

Signature of a member or authorized representative of a member

Typed or printed name of signer