119000095262

(F	Requestor's Name)	
(<i>F</i>	Address)	
	Address)	
(City/State/Zip/Phone	e #1
(-	,.	,
PICK-UP	WAIT	MAIL
	_	
(E	Business Entity Nan	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	- Silina Officer	
Special Instructions to	o hising Officer:	

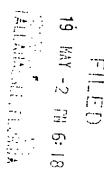
Office Use Only



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FILING CANCELLED DUE TO RETURNED CHECK

05/02/19-+01012--034 **25.00



MAY 14 2019 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp					•
SUBJECT:	IÄMOS SM(ted Liability Company	LIC	· 	· •
	Amendment and fee(s) are subradence concerning this matter t	T		CANCEL RETURI	LED NED CHECK
	Caren	BYENLS Name of Person	· · ·		
		Firm/Company			
	7321 NI	W Bave Address			
	Carent E-mail address: (t	FL 33150 City/State and Zip Code OVENES & GC to be used for future annual N	OMCIII · C	om	
For further information co	ncerning this matter, please ca	alli:			
Name of	Brenes	at (<u>305</u>) <u>7</u> Area Code	Daytime Teleph	SO one Number	
Enclosed is a check for the	e following amount:				
S \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		1 \$60.00 Filing Fer Certificate of St Certified Copy (additional copy is e	atus &

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

(Mamas Smoke	. Shop LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900095762</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	FILING CAN DUE TO RE	2019 and assigned NCELLED TURNED CHECK
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		五五
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-2 FH 6 18
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	r	lorida
	City . F	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

Address Type of Action **Title** Name Kristopher Perez 1023 SW 6St □ Add m1am1, FL 33130 Remove ☐ Change Caren Brenes 7321 NW 3ave MGR **⊠** Add MIGNI , FL 33150 □ Remove FILING CANCELLED ☐ Change DUE TO RETURNED CHECK □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change

	FILING CANCELLED
_	DUE TO RETURNED CHECK
-	
_	
effecti te: If	date, if other than the date of filing:
	of specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of the day after the record is filed.
ed	April 24 2019
	Ceer Brus
	Signature of a member or authorized representative of a member Office Brene S
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00