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(Re	equestor's Name)	
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(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration S Division of Co			
cubir		I DEN, ELC		
SUBJE	Ç1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		IMAD FARAJ		
		-	Name of Person	
			Firm/Company	
		314 WESTHAMPTON D	R.	
			Address	
		PALM COAST, FL 3216-	ı	
		City/State and Zip Code IMFARAJ@GMAIL.COM		
		E-mail address: (to be used for future annual report notification)		
For furt	her information	concerning this matter, please c	all:	
IMAD	FARAJ		313 377-7717 at()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for t	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)
	MAIL	LING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 JUH 24 PH 4:5

Zip Code

HOOKAH DEN, LLC	ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05/09/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
GHOST HOOKAH, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	213 ST. JOE PLAZA DRIVE
(Principal office address MUST BE A STREET ADDRESS)	PALM COAST, FL 32164
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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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 document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier		
Effective date, if other than the date of filing:		
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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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated The signature of a member or authorized representative of a member.		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier). The 90th day after the record is filed. Dated	_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier). The 90th day after the record is filed. Dated		
Dated ZO19 . Signature of a member or authorized representative of a member	Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	June 19. 2019.
(MA) FARAT		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00