

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•	•
SUBJECT:	Cigar Porn Smo	ke Shop + More ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	Name of Person	
		N/A Firm/Company	
	801 S Dixie	Huy West Suite 8 Address	
	Pompano Bcl	FL 3306i) City/State and Zip Code	
	(146-y DOIN)	Smoke Shop & umail, Co be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Denny Name o	Prenelus Person	at (951) 60. Area Code Daytime	7-0 2 0 ^L / e Telephone Number
Enclosed is a check for the	ne 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)
Bita Maria Addison		San- 4 4 4	

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	on t More LLC nyas it now appears on our records.)
(A Florida Limited I.	liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 5/30/2019 and assigned
Florida document number <u>L19000143962</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Ciarr Snoke Shop to The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	- More LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	29 T
Enter new mailing address, if applicable:	S SEE S
(Mailing address MAY BE A POST OFFICE BOX)	- \/ \/ \- \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	. / 0
New Registered Office Address:	
New Registered Office Address.	Enter l'Iorida su eet 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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			☐ Change
	 		🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
		·	□Add
			□Remove
			□ Change
			□Remove
			□Change

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(If an effect Note: If	e date, if other than the date of filing:
the record:	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ecord is filed	
cord is filed	January 24 . 2024.