

MAR/20/2020/FRI 09:09-AM

Arimir Services

FAX No. 305-643-5226

F. 001

3/20/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOALI'S CONDOS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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Y. SULKER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2020

MOHAMED F KALBOUSSI
800 N MIAMI AVE E #1601
MIAMI, FL 33136

SUBJECT: MOALI'S CONDOS LLC
Ref. Number: L19000144338

We have received your document for MOALI'S CONDOS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 520A00005537

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOALT'S CONDOS 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 05/30/2019 and assigned
Florida document number L19000144338.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MOALIS TOBACCO LLC

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:

2504 NE 2ND AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL

33137

Enter new mailing address, if applicable:

2504 NE 2ND AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL

33137

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:

Enter Florida street address

City

Florida

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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.

If 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 record is filed.

Dated MARCH 20 2020

Signature of a member

Signature of a member or authorized representative of a member

AMBR

Typed or printed name of signee