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COVER LETTER

ŢQ:	Registration Sec Division of Corp			
		OKAH MARKET, LLC		
SUBJE	CT:	Name of Limit	ted Liability Company	,
		Amendment and fee(s) are subm		
Please r	eturn all correspor	dence concerning this matter t	to the following:	
		Lennis M. Maldonado		
			Name of Person	
		LFM ACCOUNTING SOL	UTIONS, LLC	
			Firm/Company	
		8805 NW 111th Ave. unit #	# 203	
			Address	
		Doral, FL 33178		
		maldonadolennis@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	her information co	oncerning this matter, please co	all:	
Lennis	M. Maldonado		786 218-3881 at ()	
<u> </u>	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≅ \$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEIRUT HOOKAH MARKET, LLC		
(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 L19000154156	were filed on 06/11/2019	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2475 NW 95th Ave # 7	
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33172	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2475 NW 95th Ave #7 DORAL FL 33172	SECRETARY O
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
		orida
	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
MGR	MELISSA DEL VALLE FIGUEROA	10600 NW 88th ST APT. 207	☐ Add
		DORAL FL 33178	
			■ Remove
			Change
MGR	MELISSA DEL VALLE FIGUERA	10600 NW 88th ST. APT 207	= Add
		DORAL FL 33178	
			☐ Remove
			Change
			Add
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Note:	ive date, if other than the date of filing: [coptional] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
Dated	AUGUST 08 2019
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Filing Fee: \$25.00