## 119000173706

(Requestor's Name)
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PICK-UP WAIT MAIL
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2022 JAN 31 PM 6: 59

o simmons FEB 0 9 2022

### **COVER LETTER**

TO:

ТО:				
SHRIF	cr. Die	sel Smoke	Shop LLC	
.9ODJL	ci. <u>Djos</u>	Name of Lir	nited Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sul	bmitted for filing.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Margavet Martm - Street   Name of Person				
		Ma	rgaret Martin -	Street
		Die	sel Smake Sho Firm/Company	p LLC
		6408	S Pine Meadows	5 Dr
		Spr	FL 34 Gry/State and Zip Code	1606
		E-mail addless:	ee Street Egman (to be used for future annual report note	L.COM
For furth	ner information co	neerning this matter, please of	eall:	
	Shanner Name of	n Evans	at ( 727 ) 430 L	5612
			,	
Enclose	d is a check for the	following amount:		
<b>□/</b> \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
			<del>-</del>	
	-tallahassee Fl	1 32314	2415 N. Monro	e Street Suite \$10

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Or
2022 JAN 31 PM 6: 59
(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 7/3/2019 and assigned
Florida document number <u>L19000173706</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(Principal office address MUST BE A STREET ADDRESS)
<del></del>
Enter new mailing address, if applicable:
(Muiling address MAY BE A POST OFFICE BOX)
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
Place

#### 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>	Address	Type of Action
MGR	Kamil Bitar	5541 Bay Blvd #550	[D/Add
		NewPort Richey, FL 346	8 □Remove
			□Change
MGR	Margaret Martin-St	ract 6408 Pine Meadows D	) <u>ſ</u> □Add
		reet 6408 Pine Meadows D Spring Hill FL 34606	E Kemove
			□Change
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### Page 2 of 3

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Filing Fee: \$25.00