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Name Change

COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: Majestic Fusion Hookah Services Name of Limited Liability Company	,
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Davion Daye	
Majestic Fusion Hodrah Services	
9656 Avelling Ruenue Apr 7203	
Orlando fl. 22819	
Majestic hoohaheand Zip Code Majestic hoohaheane Mail. Com E-mail address: (to be used for future annual report-notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Day 100	
Enclosed is a check for the following amount:	:
☐ \$25.00 Filing Fee	===

Mailing Address:

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

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-	
Mayedic Fusion (Name of the Limited Liability (A Florida)	Company as it now appears on Limited Liability Company)	Genices HC
The Articles of Organization for this Limited Liability Co Florida document number <u>L19002222</u>	mpany were filed on <u>5</u> 8	03,2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit. MOGHIC FUGION HOOK. The new name must be distinguishable and contain the words "Limit"		LC nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI		
Trincipal office address MOST BL A STREET ADDRE	2807	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	NA	,
New Registered Office Address:	Enter Florida s	street 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
			□Add
	11/2		Remove
N		□Change	
	<u>-</u>		□Add
		□Remove	
			□Add
		□ Remove	
		 	
			□Add
		□Remove	
	//		□Add
			□ Remove
		□Add	
		□Remove	
			□Change

	Not amending any other information
_	other than the name of this time.
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_	01/20/20
(If an effe Note:	ve date, if other than the date of filing:
he record ord is file	d 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 ed.
Dated _.	Sanvary 20, 2027
	Signature of a member or abthorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00