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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Hookalı Lu	unge LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Abdelmesseh R Gurgues		
		Name of Person	,
	Hookah Lounge LLC		
		Firm/Company	
	136 Miracle Strip Pkwy S	E	
		Address	
	Fort Walton Brach, FL 32	548	
		City/State and Zip Code	
	coolabdul2(a/icloud.com L-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please e	all:	
Abdelmesseh R Gurgues	8	850 687-6633	
Name o	(Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Fifing Fee	☐ \$30.00 Fifing 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 Addres Registration 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	-
Tallahassee, I	1, 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hookah Lounge LLC		
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records, mited Liability Company))
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number <u>1.20000023304</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Hookah Corner Louinge LLC		
The new name must be distinguishable and contain the words "Limited	I 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 ADDRE.	<u> </u>	
Enter new mailing address, if applicable:		03.74 03.04 03.04
(Mailing address MAY BE A POST OFFICE BOX)		70 1 7
		min N
B. If amending the registered agent and/or registered o	ffice address on our records, <u>enter t</u>	he name of the new registers
agent and/or the new registered office address here:		्र १८
Name of New Registered Agent:		
New Registered Office Address:		
New Wegistered Vittee Federess.	Enter Florida street address	· · · · · · ·
	. Flor	rida
		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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
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effective date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	equirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after
stiled.	
ed Maru 30 / 2029	
eu	
chilil	
Signature of a member or authorized representative of a	a member

Filing Fee: \$25.00