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OCT 24 2020 S. YOUNG

COVER-LETTER

Registration Section Division of Corporations

O:

UBJECT: THE HUTBUX	Smike Jhop Limited Liability Company	<u>IIC</u>
ne enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
ease return all correspondence concerning this mat-	ter to the following:	
Tedax	Pyl Abrams Jk	2
The_t	HUT BOX SMOKE	Shop 11c
6000	Wilson Blud	<u>, </u>
- Jacks Clejaj F-mail addry	City/State and Zip Code ST44 O O M Cul- s: (to be used for future annual report notifi	COM cation)
or further information concerning this matter, please	e call:	
Deia Johnson	at (904) 572-	9684
Same of Person		Telephone Number
nclosed is a check for the following amount:		
□ \$25.00 Filing Fee & Certificate of Status	S55,00 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 Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ine Hot Boy	more in	<u>00 //C </u>	ACT OF THE
(<u>Name of the Limited Liability</u> (A Florida I	imited Liability Company)	is an our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L. 20002409</u> L	mpany were filed on <u>l</u>)8/03/2 10	20 ant Assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limite	rd Liability Company," the o	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:		<u></u> -	
(Mailing address MAY BE A POST OFFICE BOX)			
			,
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our 1	records, enter the	name of the new registered
Name of New Registered Agent:	44-2-		
New Registered Office Address:	Enter Flo	orida street address	
		, Florid	'n
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	nager thorized Member		
Title	Nome	Address	Type of Action
AR	Tedary/ Abrams	8219 Sawmill Creek i	<u>X</u> MAdd
J	8219 Sawmill Creek is Jacksonville, F1, 322	14 □Remove	
		□Change	
MGR Luis Jaibert	LOIZ Thumper St Jacksonville, FI 32210	□Add	
		Jacksonville, FI 32210	□Remove
		EChange	
			□Add
		□Remove	
			□Change
		🗆 Add	
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

□Change

11 21116	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff Note:	extive date, if other than the date of filing: \(1000000000000000000000000000000000000
recor d is fil	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 .	09/02/2020
	Signature of a member or authorized representative of a member