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Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor			
eun iez	PUFF-OR S	SIP HOOKAH LOUNGE & L	IQUOR STORE LLC	
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ABDIAS DATIS		
			Name of Person	•
		PUFF OR SIP HOOKAH	LOUNGE & LIQUOR STORE LLC	
			Firm/Company	
		1055 NW 147TH STREE	r	
			Address	
		MIAMI, FL 33168		
			City/State and Zip Code	
		PUFFORSIPHOOKAHLIQ	QUOR@GMAIL.COM	
		E-mail address: (to be used for future annual report notification	on)
For furthe	er information c	oncerning this matter, please c	all:	
LISA W	MELEANCE		954 7930599 at ()	
	Name o	f Person		phone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corpora	
j	P.O. Box 632	7	The Centre of Talla	hassee
-	Fallahassee, F	FL 32314	2415 N. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mass - Mills 34

PUFF OR SIP HOOKAH LOUNGE & LIQUOR STORE LLC

(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 Comp	pany were filed on 08/14/2020	and assigned
Florida document number 600350434746		
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 I	Jability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	īce address on our records, <u>ente</u> i	r the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addre	255
	City , F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, a as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
If	Changing Registered Agent, <u>Signature</u>	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	10: 04 Type of Action
MGRM	ABDIAS DATIS	1055 NW 147TH STREET	≣ Add
		MIAMI, FL 33168	□Remove
			Change
AMBRM	LISA W MELEANCE	1055 NW 147TH STREET	≣ Add
		MIAMI, FL 33168	□Remove
			□Change
			□Add
			Remove
			Change
	-		□Add
			□Remove
			Change
	-		□Add
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ective date if oth	er than the date of f	ilin <i>a:</i>		(or	tional)
effective date is listed effective date inser	d, the date must be specific	c and cannot be prior to not meet the applicable	date of tiling or more the statutory filing req	an 90 days af	ther filing.) Pursuant to 605.0 his date will not be listed
cord specifies a del filed.	ayed effective date, but	not an effective time	e, at 12:01 a.m. on th	e earlier of:	(b) The 90th day after t
AUGUST 26		2020			
	///				

Filing Fee: \$25.00

Typed or printed name of signee