

L20 000250103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

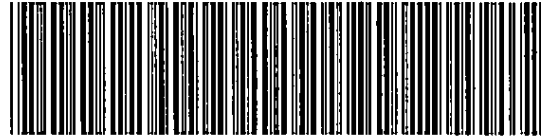
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/20--01023--003 **25.00

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OCT 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PUFF OR SIP HOOKAH LOUNGE & LIQUOR STORE LLC
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:

ABDIAS DATIS

Name of Person

PUFF OR SIP HOOKAH LOUNGE & LIQUOR STORE LLC

Firm/Company

1055 NW 147TH STREET

Address

MIAMI, FL 33168

City/State and Zip Code

PUFFORSIPHOOKAHLIQUOR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA W MELEANCE

954 7930599
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

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

Street Address:

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

WSS: -0 AMB: 34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

1055 NW 147TH ST


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ABDIAS DATIS	1055 NW 147TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBRM	LISA W MELEANCE	1055 NW 147TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated AUGUST 26 2020


Signature of a member of

LISA W. MELEANCE

Filing Fee: \$25.00