## LZO 000265899

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

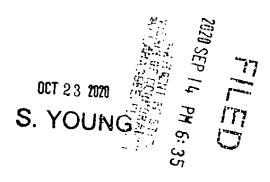
Office Use Only



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RECEIVED SEP 1 4 2020



## **COVER LETTER**

TO: Registration Section

Division of Corporations			
adding t	new member and amending descri	ption	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Maria Alcantara		
		Name of Person	
	Lumi Hookah, Ilc.		
	<del></del>	Firm/Company	<del></del>
	1557 Euclid Ave #1		
	<del></del>	Address	
	Miami Beach, Fl. 33139		
		City/State and Zip Code	
	lourdesalcantara78@hotma		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
Maria Alcantara		786 715-3660 at ( )	
Nam	ne of Person		: Telephone Number
Enclosed is a check fo	or 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Second Division of Corporate Centre of Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lumi Hookah, LLC		2020
	ty Company as it now appears on our records	3
(A Florida	ty Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number L20000265899	·	
This amendment is submitted to amend the following:		ိ် သ
A. If amending name, enter the new name of the lim	ited liability company here:	•
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		• • • • • • • • • • • • • • • • • • • •
The state of the s		
B. If amending the registered agent and/or registered	l office address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	Cin	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Alcantara	1557 Euclid Ave #1 Miami Beach, Fl. 33139	
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(If an effe Note:	date, if other than the date of filing:  (optional)  (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 (and date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
ne record ord is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	29 2020
	> fleer !-
	Signature of a member or authorized representative of a member
	Maria Alcantara

Filing Fee: \$25.00