

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			2021	
	Division of Cor	porations		C.
		: (850)617-6383	NON	10.X ()
From:			ц С	Оi. С
	Account Name	: PARASEC		- 9
	Account Number	: 120180000086	AH	
	Phone	: (916)576-7000	_	3
	Fax Number	: (800)603-5868	ö	
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			7	2.
'Enter anr	the email address nual report maili	s for this business entity to be used for future ngs. Enter only one email address please.**		
E	ail Address:	RLOPS@PARASEC.COM		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THESMOKIES.COM LLC

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Corporate Filing Menu Electronic Filing Menu

Email Address:

Help

To: 18506176383 From: 19165767036 Dat	e: 11/12/21 Time: 3:05 PM Page: 03/05
ARTICLES OF .	AMENDMENT
T	0
ARTICLES OF O	RGANIZATION 🔗 📆
0	F F
TheSmokies.com LLC	RGANIZATION F <u>ny as it now appears on our records</u> lability Company) were filed on <u>09/04/2021</u> and assigned
(<u>Name of the Limited Liability Compa</u> (A Florida Limited 1	ny as it now appears on our records.)
	Ģ.
The Articles of Organization for this Limited Liability Company	were filed on09/04/2021 and assigned
Florida document number <u>L20000277475</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbreviation "L.L.C."
1) de la complete de la comp	3390 Mary Street Suite 116
Enter new principal offices address, if applicable:	Coconut Grove, FL 33133
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3390 Mary Street Suite 116
(Mailing address MAY BE A POST OFFICE BOX)	Coconut Grove, FL 33133
	the second s
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent anotor the new registered onice address here.	
Name of New Registered Agent:	
Mattie of new Acgineten Agent.	

New Registered Office Address:	3390 Mary Street Suite 116 Enter Florida street address		
	Coconut Grove	, Florida_	33133
	Ciņ		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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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date, if other than the date of filing:	(optional)	

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	November	9	2021	
			(in which which	
			Signature of a member of duthorized representative of a member	
			Morgan Overholt	
			Typed or printed name of signee	

Filing Fee: \$25.00