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COVER LETTER

	Registration S Division of Co				
CHO IEC		E SMOKE LLC	<i>:</i>		
SUBJEC	1:	Name of Lin	nited Liability Company		
The enclo	sed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all corresp	ondence concerning this matter	to the following:		
		AYESHA KHAN			
			Name of Person	•	
		FRENCHIE SMOKE LLC	··		
			Name of Limited Liability Company Indiment and fee(s) are submitted for filing. India fee (a) are submitted fee (a) are submitted for filing. India fee (a) are submitted fee (a) are submitted for filing. India fee (a) are submitted fee (a) are submitted for filing. India fee (a) are submitted fee		
		4427 HANCOCK BRIDG	E PKWY		
			Address	,	
		CAPE CORAL, FL 33903			
			City/State and Zip Code		
		- -	to be used for forming to the control of the contro		
For furthe	r information o	concerning this matter, please c	•		
AYESHA	KHAN				
	Name c	of Person	Area Code Daytime Telephone Number		
Enclosed i	s a check for t	he following amount:			
■ \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifical tadditional copy is enclosed) Certified	te of Status & Copy	
	lailing Addres				
Registration Section Division of Corporations					
P	.O. Box 632	27	The Centre of Tallahassee		
Ţ	`allahassee, i	FL 32314	2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRENCHIE SMOKE 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 Company were filed on $\frac{09/18/2020}{1}$ _____ and assigned Florida document number <u>L20000294493</u> 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 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AYESHA N KHAN	3029 LAKE MANATEE CT	
		CAPE CORAL, FL 33909	□Remove
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			□Add
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Effective date, if other than the date from effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be p k does not meet the ap	prior to date of filing pplicable statutory	or more than 90 days after the filing requirements, this	iling) Pursuant to 605 0207 (
record specifies a delayed effective d d is filed.	late, but not an effectiv	ve time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
Dated SEPTEMBER 30	2020			
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7 319	gnature of a member or a	nuthorized representa	tive of a member	