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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Green Goddess' MeStop Smoke Shop 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:
Vaznine Sanchez Name of Person
The Green Goddess' One Step Smire Shop U.C. Firm/Company
430 NW 41st St Apt. 3
Oakland Park F1 33309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	any as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $0c+,02,2$	O2Oand assigned
Florida document number <u>L2000311308</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 a	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		5
		•
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	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, 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
			□Add
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record spe is filed.	ecifies a delayed e	ffective date, but r	not an effective	time, at 12:01	a.m. on the earli	ier of: (b) The	90th day after the
ated	May	17th	. 202	21.			
	<i>U</i>	Signature of	f member or au	www. thorized represen	tative of a member	notice	
				- >	<		