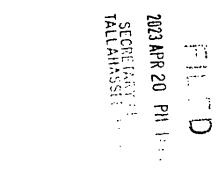
| (R | Requestor's Name) |
|-------------------------|--------------------------|
| (A | ddress) |
| (A | ddress) |
| (C | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (<u>C</u> | Occument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | p Filing Officer: |
| | J. HORNE APR 2 0 2023 |
| | |

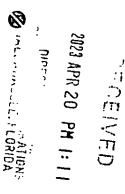
Office Use Only



400405822374



04/20/23--01009---007 **30.00



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

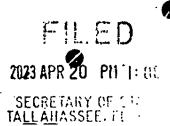
| Division of C | orporations | | • |
|-------------------------------------|--|--|---|
| Murray SUBJECT: | Smoke Shop & Lounge, LLC | | |
| SUBJECT. | Name of Lin | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Latasha T. Murray | | |
| | | Name of Person | |
| | Murray Smoke Shop and I | Lounge, LLC | |
| | | Firm/Company | |
| | 14705 Main Street | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Gretna, Florida 32332 | | |
| | <u> </u> | City/State and Zip Code | |
| | jabplacevenue@gmail.com | to be used for future annual report notific | |
| For further information | a concerning this matter, please c | • | autony |
| Latasha T. Murray | | 850 766-5090 at (| |
| Name | e of Person | | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addi</u> Registration | | <u>Street Address:</u> Registration Sect | ion |
| ~ | Corporations | Division of Corp | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Murray Smoke Shop and Lounge, LLC

(Name of the Limited Liability Company as it now appears on our 1. (A Florida Limited Liability Company)

| The Articles of Organization for this Limited I | Liability Compa | ny were filed on August | 26, 2021 and assigned |
|---|---------------------------|-----------------------------|--|
| Florida document number L20000358695 | | | , |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited li | ability company here: | |
| JAB PLACE. BAR & Lounge, LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Lia | bility Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | N/A | |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| Enter new mailing address, if applicable: | | N/A | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address | registered officess here: | e address on our record | ds, enter the name of the new registere |
| Name of New Registered Agent: | | | · |
| New Registered Office Address: | N/A | | |
| | | Enter Florida st | reet address |
| | | | , Florida |
| | | City | 7in Code |
| New Registered Agent's Signature, if changing | Registered Agen | * | Sip Conc |

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 |
|--------------|-------------|---------|----------------|
| | N/A | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change. |

| ` N /A | | | | . <u>. </u> | | |
|----------------------------|--|-----------------------|--------------------|---|---------------------------------------|---------------------------------------|
| | | | | | | |
| | <u> </u> | | •• | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| | | | | | | |
| | - " | <u> </u> | | | | |
| | | | | • | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| | | | | | | |
| | | - | · | | | |
| | | | | | | |
| | | | | | | |
| _ . | · | **** | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | • |
| | | | | | <u> </u> | |
| | | | | | | |
| octive date it | other than the dat | te of filing: Apri | 1 20, 2023 | | (option | al) |
| effective date is | listed, the date must be | specific and cannot l | be prior to date o | f filing or more that | n 90 days after fil | ing.) Pursuant to 605.0 |
| e: If the date | inserted in this block ive date on the Depar | does not meet the | applicable sta | tutory filing requ | irements, this d | ate will not be listed |
| ument s ence | ive date on the Depar | miem of State 3 is | ccords. | | | |
| | | | | 201 .1 | 1: 5.45 | TL - 0041 - 1 6 |
| cora specifies s filed. | delayed effective da | ite, but not an elle | cuve time, at i | 2:01 a.m. on the | earner or: (o) | The 90th day after t |
| , | | | | | | |
| , April 20 | | 2023 | i | | | |
| ed | · | ,) - | <u> </u> | | | |
| | 1 | 2 /M | | | | |
| / | 1 4 40 | 1 | Mo | | | |
| | / Sig | nature of a member | or authorized re- | presentative of a m | ember | |

Filing Fee: \$25.00