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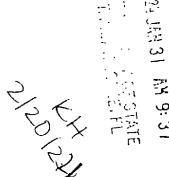
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COVER LETTER

	ration Section n of Corporations	,
BL. SUBJECT:	AXXX HOOKAH LLC	
	Name of Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	TEYANNA BORELAND	
	Name of Person	
	Firm/Company	
	7901 NW 29TH ST	
	Address	
	MARGATE F1. 330632	
	City/State and Zip Code	دے ۔
	msayibucpa20@gmail.com	= = = ==
	E-mail address: (to be used for future annual report notification)	2021 JAN 31
For further inform	nation concerning this matter, please call:	ω ·
MOHAMMED S	SAYIBU 929 3623760 at ()	<u> </u>
	Name of Person Area Code Daytime Telephone Number	MA 9: 37
Enclosed is a chec	ck for the following amount:	·
✓ \$25.00 Filing	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	of Status & opy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Taliahassee

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

BLAXXX HOOKAH LLC		
(Name of the Limited Liabi (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L21000042921</u>	Company were filed on 01/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BLAXXX EVENTS LLC		
The new name must be distinguishable and contain the words "Lii	mited 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 ADD	RESS	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) or this Limited Liability Company were filed on 01/22/2021 and: 000042921 or amend the following: the new name of the limited liability company here: le and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation didress, if applicable: True A Street Address agent and/or registered office address on our records, enter the name of the red office address here: True Address: Enter Florida street address Florida Florida	$\ddot{\omega}$
		f ' i
agent and/or the new registered office address here:		
		<u> </u>
Name of New Registered Agent:		-
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>	Name	Address	Type of Action
			🗆 🖂 Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change C
			Add P
			Remove
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Signature of a member or authorized representative of a member	Dated	,	2024	_ ·				
Signature of a member or authorized representative of a member		-						
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Filing Fee: \$25.00