

L21000055277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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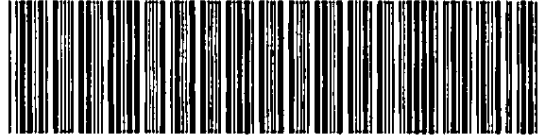
(Business Entity Name)

(Document Number)

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2022 OCT 31 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF LIMITED LIABILITY COMPANY:** SPADES IN DADE SMOKE SHOP LLC

**DOCUMENT NUMBER:** L21000055277

The enclosed *Articles of Amendment* and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREN FLETCHER

Name of Contact Person

LAUREN FLETCHER, NOTARY PUBLIC

Firm/Company

26400 SW 182<sup>ND</sup> AVE

Address

HOMESTEAD, FL 33031

City/State and Zip Code

FREZYMIA@YAHOO.COM

e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREN FLETCHER, NOTARY PUBLIC at

Name of Contact Person

(305) 316-3430

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$25 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(Additional copy  
is enclosed)

☐ \$60.00 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P. O. Box 6327

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Amendment  
to  
Articles of Organization of

SPADES IN DADE SMOKE SHOP LLC  
(Name of Limited Liability Company as currently filed with the Florida Dept. Of State)

The Articles of Organization for this Limited Liability Company were filed on February 01, 2021, and assigned

L21000055277  
(Document Number of Limited Liability Company)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the Limited Liability Company:**

*The new name must be distinguishable and contain the word "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."*

**B. Enter new principal office address, if applicable:** 347 PALM AVE  
(Principal office address **MUST BE A STREET ADDRESS**) HIALEAH, FL 33010

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

LAUREN FLETCHER

New Registered Office Address:

26400 SW 182<sup>ND</sup> AVE

(Florida street address)

HOMESTEAD, Florida

(City)

33031

(Zip Code)

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**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..*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Authorized Person(s) authorized to manage, enter the title, name and address of each person being added or removed from our records: (Attach additional sheets, if necessary)

Please note title as listed below:

MGR= Manager; AMBR= Authorized Member.

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	AMBR	YASELL RODRIGUEZ	125 WEST 13 <sup>TH</sup> ST HIALEAH, FL 33010
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AMBR	FRANK JAVIER BETANCOURT RICARDO	1756 NORTH BAYSHORE DRIVE MIAMI, FL 33132
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AMBR	YUNIOR JAVIER GOMEZ GONZALEZ	1756 NORTH BAYSHORE DRIVE MIAMI, FL 33132
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
7) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
8) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
9) <input type="checkbox"/> Change			

(Attach additional sheets, if necessary). (Be specific)

**Filing Fee: \$25.00**