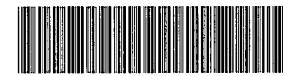
# 121 0000 95647

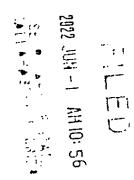
(Reque	estor's Name)	
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PICK-UP	WAIT MAIL	
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### RECEIVED

2022 JUN - 1 PM 1:09

SIGNAL SEE FE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2022

DIANA HEURTELOU 18591 SOUTH DIXIE HWY #1022 CUTLER BAY, FL 33189 "YSCOTT"

SUBJECT: BLEAU HOOKAH LLC Ref. Number: L21000095647

We have received your document for BLEAU HOOKAH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 422A00008935

## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations	
	Hookah LLC	•
SUBJECT:	Name of Li	nited Liability Company
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.
Please return all cor	respondence concerning this matte	r to the following:
	Diana Heurtelou	
		Name of Person
	Bleau Hookah LLC	
	<del></del>	Firm/Company
	18591 South Dixie Hwy #	1022
		Address
	Cutler Bay, FL 33189	
		City/State and Zip Code
	bleauhookah@gmail.com	
For further informati	E-mail address:	(to be used for future annual report notification)
Diana Heurtelou		305 834-1609
Na	me of Person	at () Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:	
<b>\$25.00</b> Filing Fe	c S30.00 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 Ado		Street Address:
_	on Section of Corporations	Registration Section Division of Corporations
P.O. Box (	5327	The Centre of Tallahassee
Tallahasse	e, FL 32314	2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bleau Hookah LLC			
(Name of the Limit	ted Liability Comp. (A Florida Limited	any as it now appears on our record. Liability Company)	<u>\$.</u> )
The Articles of Organization for this Limited L Florida document number L21000095647	iability Company	were filed on 02/26/2021	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
BLEAULLE Bleaux LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18591 South Dixie Hwy #1022	
(Principal office address MUST BE A STREET ADD		Cutler Bay, FL 33157	~ ~
			7
Enter new mailing address, if applicable:		18591 South Dixie Hwy #1022	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Cutler Bay, FL 33157	7
	· <del></del>		ā Ö
			<u>। । । । । । । । । । । । । । । । । । । </u>
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	**************************************		
New Registered Office Address:	18591 South D	ixie Hwy #1022	
		Enter Florida street address	;
	Cutler Bay		orida 33157
		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
			□Remove
	·		□Change
			□Add
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			□Change
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			□ Remove

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er de la deservación de la companya	•		• • •	
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). If amending any other inform	ation, enter change(s) h	ere: (Attach additional sh	eets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date mis Note: If the date inserted in this bedocument's effective date on the I	plock does not meet the app	licable statutory filing requi	90 days after filing.) Pursuant to 60 rements, this date will not be list	05.0207 (3) sted as the
he record specifies a delayed effecti ord is filed.	ve date, but not an effective	e time, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
Dated March 21	2022			
	~ O/			
	Signature of a member or au	thorized representative of a me	mber	
Diana Heurtelou	-			
Diana Heuriciou	Typed or pp	nted name of signee	<del></del>	

Filing Fee: \$25.00