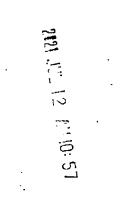


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations			
eun irct.	RSMOKE, I	LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		ANAN BARBARAWI			
			Name of Person		
		RSMOKE, LLC			
			Firm/Company		
		3141 RETREAT DRIVE.	APT # 211		
			Address		
KISSIMMEE, FL 34741					
		City/State and Zip Code			
		ANANSB48@GMAIL.CO	M to be used for future annual report not	::#:	
For further in	iformation co	oncerning this matter, please of	·	meanon	
ANAN BAR		-	651 890-9694		
	Name of	Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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)	
	iling Address		Street Address:		
-	gistration S vision of Co	ection orporations	Registration Se Division of Co		
	Box 6327	•	The Centre of	-	

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records. lorida Limited Liability Company))
	and assigned
ß:	
limited liability company here:	
"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
:	·
DDRESS)	
	12
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	23.10:
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	7
	he name of the new regist
Enter Florida street address	
	••
, Floi	r ida Ziv Code
	, Flor

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
MGR	FARES ALAWDI	3141 RETREAT DRIVE	
		APT# 211	□Remove
		KISSIMMEE, FL 34741	□Change
			□Remove
			□Change
			□Add
			Remove
			Change
			☐ Add ☐ Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Chango

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.02 ble statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective timed is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	
Signature of a member of author	ized-representative of a member

Filing Fee: \$25.00