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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Name	<u> </u>
(50	Siness Entity Name	=)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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A. BUTLER FEB - 9 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
	GARAGE SM	10KE SHOP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		SAMAAN JANDRI	
		Name of Person	
	GA	RAGE SMOKE SHOP LLC	
		Firm/Company	
		2637 PALESTA DR	
		Address	
		TRINITY, FL 34655	
		City/State and Zip Code	<del>-</del>
	GARAC	GESMOKEFL@GMAIL.COM	1
	E-mail address: (	to be used for future annual repor	rt notification)
For further information c	oncerning this matter, please c	all:	
SAMA	AAN JANDRI	727 at ()	203-0540
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Addre Registration	n Section
Division of C	Corporations		Corporations
P.O. Box 632 Tallahassee, 1			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARAGE SMOKE SHOP LLC	en Lile	- 4, 1
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	 ;E
(A Florida Eminica Matarity Company		ZL
The Articles of Organization for this Limited Liability Company were filed on	04/29/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
WOW SMOKE SHOP. LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipul office unuress in OST BE A STREET AND ALSO		
<del>.</del>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· -	
Muning undess MAT BE A FOST OF FICE BOAT		
B. If amending the registered agent and/or registered office address on our	r records, enter the na	me of the new regist
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
N 0 1 1067 All		
New Registered Office Address:  Enter F	Florida street address	
	TN .*3	
City	Florida _	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 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:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			Change

\_\_\_\_\_ Change

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Effective da	ate, if other than the date of filing:
Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
e record spec	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JAN. 27TH
	unter some some some some some some some some
_	Signature of a member or authorized representative of a member
	SAMAAN JANDRI
_	Typed or printed name of signee

Filing Fee: \$25.00