## L21000243031

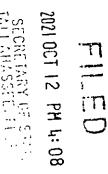
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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## **COVER LETTER**

Duff Sunnl			<del>)</del> 1
CT:	v Smoke Shop	1146	
- 13	Name of Lim	ited Liability Company	
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all correspo	ondence concerning this mutter	to the following:	
	Elzie Blue		
		Name of Person	
	Puff Supply Smoke Shop		
		Firm/Company	
	272 N Evans Circle		
		Address	
	Delton FL 32725		
		City/State and Zip Code	
			fication)
er information o	concerning this matter, please ca	nH:	
ue III		816 5001370	
Name o	f Person		e Telephone Number
l is a check for t	he following amount:		
00 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)
	ner information of	Elzie Blue  Puff Supply Smoke Shop  272 N Evans Circle  Delton FL 32725  puffsupplysh@protommail.c  E-mail address: (  mer information concerning this matter, please caue III  Name of Person  d is a check for the following amount:  00 Filing Fee \$30.00 Filing Fee &	Puff Supply Smoke Shop  Firm/Company  272 N Evans Circle  Address  Delton FL 32725  City/State and Zip Code puffsupplysh@protonmail.com  E-mail address: (to be used for future annual report notifiner information concerning this matter, please call:  ue III  Name of Person  Area Code  Daytime  d is a check for the following amount:  00 Filing Fee  \$30.00 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Puff Supply Smoke Shop

2021 OCT 12 PH 4: 08

(Name of the Limited Liability Company as it now appears on our records) Y () F S FALE TALLAHASSEE, FEERIN Florida document number 122100024303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

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>	<u>Address</u>	Type of Action
MGR	Jeremy M Wood	3519 McCormick Woods Drive Ococe FL 34761	<b>=</b> Add
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
			□ Add
		□Remove	
		□ Change	
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		□Remove	
			□Change
		□ Add	
			□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effecti	ve date, if other than the date of filing: (optional)
Note:	extive 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 (3)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated	10/05/2021 10:00 a.m.
Dated ,	El BITT
	Signature of a member or authorized representative of a member
	Elzie Blue III

Typed or printed name of signee