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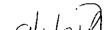
(Requestor's Name)	
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PICK-UP WAIT	MAIL
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08/23/21--01020--004 **25.00



COVER LETTER

Registration Section

Division of Corporations

TÖ:

SUBJECT: 535 Smoke	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Youssef Gamraoui	Name of Person	
	535 Smoke Shop LLC	Name of Person	
	333 SHIOKE SHOP LICE	Firm/Company	
	5038 W Irlo Bronson Men	norial Hwy Address	
	Kissimmee, FL 34746	City/State and Zip Code	
	voussefgam@yahoo.com E-mail address: (to be used for future annual report not	ification)
for further information c	oncerning this matter, please c	all:	
Youssef Gamraoui at (407) 914-4278 Name of Person Area Code Daytime Telephone Number		ne Telephone Number	
Enclosed is a check for th	ne following amount:		
■ \$25.00 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)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of '	Fallahassee be Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	(A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited	Liability Compan	y were filed on <u>06/24/2021</u>	and assigned
Florida document number <u>L21000293426</u>	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A The new name must be distinguishable and contain the	1.01 * * 1.11	The Company of the Co	11 22 pt 1 62 v
The new name must be distinguishable and contain the	words "Limited Liab	offity Company," the designation "LLC" or the a	bbreviation "L,L,C,"
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	<u>'ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
			r ,
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, enter the nam	ne of the new register
			
Name of New Registered Agent:	N/A		
New Registered Office Address:		·· <u></u>	-:112
nen negistered office Address.		Enter Florida street address	12 U1 15
		, Florida	1.50

New Registered Agent's Signature, if changing Registered Agent:

535 Smoke Shop LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If ameading 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
<u>MGR</u>	Abdelfata Elmouhtadi	9915 Vista Holly Road # 110	■Add
		Orlando FL 32836	□Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			Change
			□ Add
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			□Change
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		.	□Remove
			□Change

etive date, if other than the date of filing: 08/18/2021	N/A		
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