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T. MATTHEWS DEC 17 2021

COVER LETTER

Tallahassee, FL 32314

	Registration Sc Division of Cor					
MERGE 56 HOOKAH LLC "PALM COFFEE HOUSE" LLC SUBJECT:						
Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	ırn all correspo	ondence concerning this matter	to the following:			
		HAMZA A ALQUDAH				
			Name of Person			
			Firm/Company			
		10819 N 56TH ST				
			Address			
		TEMPLE TERRACE, FL.	33617			
			City/State and Zip Code			
		E-mail address: (to be used for future annual report n-	otification)		
For further	information c	oncerning this matter, please c	all:			
HAMZAH A ALQUDAH			813 525-3119			
	Name of	l Person	at () Area Code Dayt	ime Telephone Number		
inclosed i	s a check for th	e following amount:				
■ \$25.0€) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.0t) Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF

;

21 DFC -6 FH 3: 01

MERGE 56 HOOKAH LLC "PALM COFFEE HOUSE" LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amending name, enter the new name of the limited liability company here: Famending name, enter the new name of the limited liability company here:	The Articles of Organization for this Limited Liability Company Florida document number <u>L21000361900</u> .	y were filed on $\frac{087}{}$	11/2021	and assigned
A. If amending name, enter the new name of the limited Jiability company here: f	riorida document number			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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 Enter Florida street address Florida City Zap Code	This amendment is submitted to amend the following:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." 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 Enter Florida treet address City Zap Code	A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
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 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:	The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAYBE 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:	Enter new principal offices address, if applicable:			
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:	(Principal office address MUST BE A STREET ADDRESS)			
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 Florida Zap Code City Zap Code City Zap Code City Zap Code City Code City Cit				
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 Florida Zap Code City Zap Code City Zap Code City Zap Code City Code City Cit				
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 City Zap Code	Enter new mailing address, if applicable:			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zap Code	(Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zap Code				
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zap Code				
Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida, Zap Code	B. If amending the registered agent and/or registered office	address on our re	cords, <u>enter the na</u>	me of the new registered
New Registered Office Address: Enter Florida street address	agent and or the new registered office address here:			
New Registered Office Address: Enter Florida street address	Name of New Registered Agent:			
Enter Florida street address	Name of the Keggiered rigent.			
, Florida	New Registered Office Address:	Entry Class	1	
·		rmer v torsaa street aaaress		
·		Cin	, Florida _	2 4 1
Sam Danisanad Amerika, Character (C.) (C.) (S. 18. 18. 18.	New Registered Agent's Signature, if changing Registered Agent			Zip Code

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

21 GEC -6 FH 3: 01

		21 626 75 77 0 0			
Title	<u>Name</u>	Address	Type of Action		
MGR	HAMZA A ALQUDAII	10819 N 56TH ST	= Add		
		TEMPLE TERRACE, FL 33617			
			□Change		
			□ Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□ Change		
			□Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□ Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) PA 3: 01 E. Effective date, if other than the date of filing: __ (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _ TITH NOVEMBER 2021 Signature of a member or authorized representative of a member HAMZA A ALQUDAH Typed or printed name of signee

Filing Fee: \$25.00