L21000399364

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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	_
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SECRETARY OF STATE
TALL AHASSET FILES

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations			
	Enlight Mo	tion LLC			
SUBJECT: ,		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	Name of Person Area Code Daytime Telephone Number s a check for the following amount:				
		Luka Shushtakashvili			
			Name of Person	Person Tip Code Tree annual report notification) 257-1175 Code Daytime Telephone Number Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Enlight Motion LLC			
			Firm/Company		
		2201 Sole Mia Square Ln,	Apt 325		
Address					
	2201 Sole Mia Square Ln, Apt 325 Address North Miami, FL 33181 City/State and Zip Code				
		North Miami, FL 33181 City/State and Zip Code			
	_			notification)	
For further in	formation c	oncerning this matter, please ca	all:		
Luka Shushta	kashvili			5	
	Name o	f Person	Area Code Day	rtime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
	ing Addres istration S		<u>Street Address</u> Registration		
		orporations	Division of C		
	. Box 632		The Centre of	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JAN -3 PM 1:18 SECRETARY OF STATE

info@enlighthookah.com

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{09/08/2021}{}$ and assigned Florida document number $\frac{L21000399364}{L21000399364}$ 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." 2201 Sole Mia Square Ln, Apt 325 Enter new principal offices address, if applicable: North Miami, FL 33181 (Principal office address MUST BE A STREET ADDRESS) 2201 Sole Mia Square Ln, Apt 325 Enter new mailing address, if applicable: North Miami, FL 33181 (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 _. Florida ___ Ciry 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Artem Shelkov	3625 North Country Club Drive Apt 2507	
		Aventura, FL 33180	= Remove
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	block does not meet the applicable stat	(optional) f filing or more than 90 days after filing.) Pursu- tutory filing requirements, this date will no	ant to 605.0207 of be listed as
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Filing Fee: \$25.00