## 421000399729

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con			
FUMEE L			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
;	ENRIQUE COSTA		
		Name of Person	
		Firm/Company	
	375 NW 85TH PL UNIT 6	5	_
		Address	
	MIAMI FL 33126		
1	hczaylin@aol.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please e	all:	
ENRIQUE COSTA		786 201-7072 at ( )	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	otion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 00T -4 PM 3: 19

**FUMME LLC** 

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

Florida document number L21000399729	were filed on 09/08/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	7761 N KENDALL DR
(Principal office address MUST BE A STREET ADDRESS)	APT D103
	MIAMI FL 33156
1	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>
	address on our records, <u>enter the name of the new re</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	address on our records, enter the name of the new re
Name of New Registered Agent:  New Registered Office Address:	

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>	Name	Address 21 007 -4 PH 3: 19	Type of Action
MGR	ZACK GONZALEZ	7411 S WATERWAY DR	■Add
		MIAMI FL 33155	□Remove
1			□Change
AR	ZACK GONZALEZ	7411 S WATERWAY DR	□Add
		MIAMI FL 33155	=Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	21 GCT -4 PH 3: 19	<del></del>
,		<del></del>
l		
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		<del>_</del>
(If an e <u>Note</u>	ve date, if other than the date of filing:	
If the record is	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dayed.	after the
Dated	2021	
	M. Oliver	
i	Signature of a member or authorized representative of a member	_
	JOSE OLIVA	

Typed or printed name of signee