Rionica Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115 Phone : (813)773-4973

Fax Number : (813)440-4499

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OG #1 SMOKE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

OCT 11 2623

COVER LETTER

Division of C			
SUBJECT: OG #1 S	MOKE LLC		
7.	Name of L	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are so	ibmitted for filling	
	pondence concerning this matte		
	AHMAD H IKHREIS		
		Name of Person	
		Firm/Company	
	1981 GREY GALCON (
		Address	
	VERO BEACH, FL 3296		
	INFO@UNIACC.NET	City/State and Zip Code	
Constitution to the contract		tto be used for future annual report not	ification)
	concerning this matter, please of	rall:	
AHMAD H IKHREIS		772 559-9240	
Name (of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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:	aria
Division of C	orporations	Registration Sec Division of Cor	porations
P.O. Box 632	/	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OG #1 SMOKE LLC		
(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number 1.21000477182		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	the abbreviation "L. L. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3
Enter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)		=
		27
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the i</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

	Cav	Zip Code

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 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	MALEK KHRAIS	1981 GREY GALCON CIR SW	≣Add
		VERO BEACH, FL. 32962	□Remove
			□Change
			□Add
			□Remove
			©Change
		*****	□Add
			□Remove
			□ Change
			□Add
			□Remove
			DAdd
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			□Remove
			Change

					
					
					
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this ble	be specific and cannot the	01/2023 t be prior to date of applicable state records	of filing or more tha tutory filing requ	(optional) n 90 days after filing, irements, this date) Pursuant to 605,020 will not be listed as
Note: If the date inserted in this blo document's effective date on the De	partment of State's i	restricts.			
Note: If the date inserted in this blo document's effective date on the De record specifies a delayed effective d is filed.	parametric (1) State 3 (2:01 a.m. on the	earlier of: (b) Th	e 90th day after the
document's effective date on the De	parametric (1) State 3 (ective time, at 1	2:01 a.m. on the	earlier of: (b) Th	e 90th day after the
record specifies a delayed effective d is filed.	date, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b) Th	e 90th day after the
record specifies a delayed effective d is filed. OCTOBER 10 Advanced	date, but not an effe	ective time, at 1			e 90th day after the

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