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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: SIMON SM	10KE SHOP LLC	•	
Sobsticer. Singers	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mohamed Beyyato		
		Name of Person	
	SIMON SMOKE SHOP L	LC Firm/Company	
	3401 Canvas Street	, ,	
	3401 Canvas Succi	Address	
	Kissimmee FL 34741	City/State and Zip Code	
	simonovelties@gmail.com E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please co		
Mohamed Beyvato		at (407) 914-8024	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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 tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sc Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMON SMOKE SHOP LLC

(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 Liab	oility Company	were filed on <u>12/29/2021</u>	and assigned
Florida document number <u>L22000006746</u>	 -		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he li <u>mited liab</u>	ility company here:	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	2727 N John Young Par	kway Unit A
(Principal office address MUST BE A STREET	ADDRESS)	Kissimmee FL 34741	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records,	enter the name of the new registered
Name of New Registered Agent:	Mohamed Bey	vato	
New Registered Office Address:	2727 N John Y	oung Parkway Unit A Enter Florida street	address
	Kissimmee		, Florida <u>34741</u>
		Cuy	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 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	Type of Action
			□ Add
			□Remove
			Change
			□Add
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			□Remove

	N/A
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(If an el Note:	ive date, if other than the date of filing: 01/11/2022 (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
he reco ord is f	d 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 led.
Dated	January 11 , 2022 .
	De da
	Signature of a member or authorized representative of a member
	Mohamed Beyyato
	Typed or printed name of signee