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Division of Corporations

Fax Number : (850)617-6383

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XMOKE EDITION LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2022 HAR -4 AM 9:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XMOKE EDITION LLC		
(Name of the Limited Liability Com (A Florida Limite	pany us it now appears on our reco d Liability Company)	ords <sub>t</sub> )
he Articles of Organization for this Limited Liability Company were filed on 01/31/2022 and as lorida document number 1.22000053229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	.LC' or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022 H
Enter new mailing address, if applicable:		APPRO AR -4
(Mailing address MAY BE A POST OFFICE BOX)		AH DOVE
		99
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>en</u>	ter the name of the new registere
		*
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	dress
	<del>,</del>	
	City.	, Florida

## 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, if S.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>	Name	Address	Type of Action
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D. If amer	nding any	Other information	A 1		
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Dated			2022 - ,		
•	<del></del> -	Signature of	a member of authorized representative of a member		
-			American religional and a member	-	
]	MARCOS I	O AUTIE GONZALEZ			
		- <del> </del>	Typed or printed name of signee	<del></del>	