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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.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROXY SMOKESHOP LLC

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COVER LETTER

	Corporations		
DOVV	* 'SMOKESHOP LLC		,
	Name of Li	mited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	ABED ASKER		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	3614 E COLONIAL DR		
	****	Address	
	ORLANDO, FL 32803		
	INFO@UNIACC.NET	City/State and Zip Code	
	E-mail address:	tto be used for future annual report noti	ication)
For further informatic	on concerning this matter, please o	call:	
ABED ASKER		386 747-9074	
Nau	ne of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	or the 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 Add	ress:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROXY SMOKESHOP LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)	
the Articles of Organization for this Limited Liability Company were filed	on 01/24/2022 and assigned	
lorida document number 1.22000073165		
nis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
he new name must be distinguishable and contain the words "Limited Fiability Company	s," the designation "E.E.C" or the abbreviation "E.E.C."	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)	7024	
	5 T	
	<u> </u>	
If amending the registered agent and/or registered office address on	our records, enter the name of the new-regist	
ent and/or the new registered office address here:		
	2. 2.	
Name of New Registered Agent:		
New Registered Office Address:		
	sier Florida street address	
	, Florida	
Cur	Zyrt'ode	

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.

Al 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
MGR	ARAFAT ASKER	3614 E COLONIAL DR	□Add
		ORLANDO, FI. 32803	
MGR	ALADIN ASKER	3614 E COLONIAL DR	□Add
		ORLANDO, FL 32803	Remove
			□Change
			©Add
			□Remove
			□Change
			JAdd
			□Remove
			DChange
			□Add
			□Add
			□Remove
			Change

		
		
		
		
forting data if athen the at	the specific and current by policy to day, and are	(optional)
ffective date, if other than the		more than 90 days after filing.) Pursuant to 605 0207 i
Affective date, if other than the an effective date is listed, the date mus Note: If the date inserted in this blooms are the same and the same are		ng requirements, this date will not be listed as t
Effective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the Defective date.		ng requirements, this date will not be listed as t
ocument's effective date on the Do	partment of State's records.	ng requirements, this date will not be listed as t
ocument's effective date on the Di	partment of State's records.	ng requirements, this date will not be listed as to on the earlier of: (b) The 90th day after the
ocument's effective date on the Do	partment of State's records.	ng requirements, this date will not be listed as t
record specifies a delayed effective dis filed.	partment of State's records.	ng requirements, this date will not be listed as t
record specifies a delayed effective distribution	e date, but not an effective time, at 12:01 a.m.	ng requirements, this date will not be listed as t
record specifies a delayed effective dis filed.	e date, but not an effective time, at 12:01 a.m. 2024	ng requirements, this date will not be listed as to
record specifies a delayed effective dis filed.	e date, but not an effective time, at 12:01 a.m.	ng requirements, this date will not be listed as to

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