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T. MATTHEWS MAR 2 4 2022

COVER LETTER

TO: Registration Secti Division of Corpo	on rations		
All Da Smoke	Shop LLC		
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of A	mendment and fee(s) are submit	ted for filing.	
	dence concerning this matter to		
	Vida Roberto Hepburn Jr		
		Name of Person	
	All Da Smoke Shop LLC		
		Firm/Company	
	2610 E Marina Bay Drive A	pt 105	
		Address	
	Fort Lauderdale, FL 33312		
		City/State and Zip Code	
	vidahepburnjr@gmail.com E-mail address: (@	be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	n:	
Vida Roberto Hepburn J		754 3010743	: Telephone Number
Name (of Person	Area Code Daymin	
Enclosed is a check for t	the following amount:		□ \$60.00 Filing Fee.
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration	Section	Street Address: Registration So Division of Co	rporations
P.O. Box 6.	Corporations 327	The Centre of	Tallahassee oe Street, Suite 810
Tallahassee	, FL 32314	Tallahassee, F	L 32303

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 1 1 15 5 12:01

	LL
All Da Smoke Shop LLC	
(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on February 2, 2022 and assigned
Florida document number L22000086092	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new register</u>
gent and/of the lew registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Cirv

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>	<u>Name</u>	Address	Type of Action
MGR	Lavel F McKinney Jr	2610 Marina Bay Drive East, APT 503	□Add
		Fort Lauderdale Fl 33312	=Remove
			□Change
MGR Vida Roberto Hepburn Jr	2610 E Marina Bay Drive, Apt 105	= Add	
		Fort Lauderdale, FL 33312	□ Remove
			□Change
		<u> </u>	□Add
		<u> </u>	□Remove
			□Change
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Property day to about the	Juku uč čitina			(nation	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not n	icet the applical	date of filing or mo de statutory filing	re than 90 days after fi requirements, this c	ling.) Pursuant to 605.020 late will not be listed a
the record specifies a delayed effectord is filed.	ive date, but not	an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
March 7		2022			
Dated	·	-		•	
Dated					
<u></u>	ميرنسيد .	L	The state of the s	 .	
	Signature of a r	nember or author	ized representative of	f a member	
Vida Roberto Hepbur	•	nember or author	ized representative of	f a member	

Filing Fee: \$25.00