Florida Department of State Division of Comporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : 120110000092 Phone : (305)448-9584

Fax Number : (305)448-9569

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

| Em | ail | Address | |
|----|-----|---------|--|
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SN SMOKE SHOP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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Help

JUL 1 4 2022

K. Brumbley

COVER LETTER

| TO: Registration Division of C | Section Corporations | | • 5 . |
|--|---|--|--|
| SUBJECT: | OKE SHOP LLC | | |
| | Name of L | imited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are su | abmitted for filing | |
| | pondence concerning this matte | | |
| | NADIA M CORNELIU | S | |
| | | Name of Person | |
| | SN SMOKE SHOP LLC | | |
| | | Firm/Company | |
| | 4812 14TH ST W | | |
| | | Address | <u> </u> |
| | BRADENTON, FL 34203 | 7 | |
| | JABBOURANDASSOCIA | City/State and Zip Code | |
| | | (to be used for future annual report to | o'linesia-) |
| For further information | concerning this matter, please of | | ottication) |
| NADIA M CORNELIU | | | |
| | of Person | 305 448-9584 at () | |
| Nana | or rerson | Area Code Dayti | me Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fec | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| Mailing Addre Registration Division of O P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Solvision of Co The Centre of 2415 N. Monro Tallahassee, F. | orporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| İ | SN SMOKE SHOP LLC | | |
|------------------------------|--|---|----------------------------------|
| | (Name of the Limited Liability Comp (A Florida Limited | unny as it now appears on our reco | rds.) |
| Th | e Articles of Organization for this Limited Liability Companorida document number L22000169940 | | and assigned |
| Th | is amendment is submitted to amend the following: | | |
| A. | If amending name, enter the new name of the limited lial | bility company here: | |
| The | new name must be distinguishable and contain the words "Limited Liab | We Co | |
| | ter new principal offices address, if applicable: | mry Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| | incipal office address MUST BE A STREET ADDRESS) | | |
| | 71017(255) | | 20 |
| | | | |
| Ent | er new mailing address, if applicable: | | |
| | piling address MAY BE A POST OFFICE BOX) | | |
| | <u> </u> | | |
| | | | <u> </u> |
| В. | If amending the registered agent and/or registered office: | address on our records, enter | |
| <u>age</u> | nt and/or the new registered office address here: | | and make of the May Tegistered |
| | No. o. o. | | |
| | Name of New Registered Agent: | | |
| | New Registered Office Address: | | |
| | | Enter Florida street uddres | 5.5 |
| | | | orida |
| You | Degistered Aponth Single 16 | City | Zip Code |
| l he prov acce bein | Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ept the obligations of my position as registered agent as p g filed to merely reflect a change in the registered office pany has been notified in writing of this change. | performance of my duties, at provided for in Chapter 605 | nd I am familiar with and |
| | If Chan | ging Registered Agent, Signature o | of New Registered Agent |

| If : | amending Authorized Person(s) authorized to manage removed from our records: | omeomak, atal | | | | |
|------|--|--------------------|------------------|--------------|-------------|-------------|
| | Sakurili ili navi dottina (c) toci z com com tit ilimanabe | , enter the title, | <u>name, and</u> | address of a | each person | being added |
| OIL | removed from our records: | | | | | |

| 1 | | | |
|-------|---------------------|--|--|
| MGR = | Manager | | |
| | = Authorized Member | | |
| 13. | Authorized Melliber | | |

| Title | Name | Address | Type of Action |
|-------|--------------------|---------------------|----------------|
| AMBR | MUSAMMAT SHAMIMA S | A NAMA812 14TH ST W | X |
| | | BRADENTON, FL 34207 | _ |
| | | | [] Change |
| AMBR | MUHAMMOD M. HASAN | 4812 14TH ST W | &Add |
| | | BRADENTON, FL 34207 | □Remove |
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| | tive date, if other than the date of filing: (optional) frective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
|----------------------|---|
| r eco is f | rd 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 iled. |
| ated | 07/13/2022 |
| | Weite |
| | 1 1 |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member NADIA M CORNELIUS |

Filing Fee: \$25.00