

L22 000 193 682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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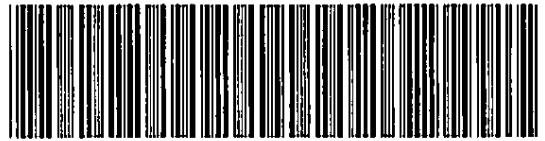
(Business Entity Name)

(Document Number)

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6-11-11 10:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOSV 25 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sohail Mitha

Name of Person

S&H World Holdings LLC

Firm/Company

4101 Ravenswood Rd Ste 406

Address

Dania Beach, FL 33312

City/State and Zip Code

mark@worldofsmokenvape.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Noonan

954 451-3579
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

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

Street Address:

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**

WOSV 25 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 Liability Company were filed on April 22, 2022 and assigned Florida document number L22000193682.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4024 SW 57th Ave #3

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|----------------------------|--|
| AMBR | JPML Group Inc | 12201 SW 82 Terr | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33183 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | P&L Worx LLC | 13727 SW 152nd St #1204 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33177 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Israel Cancel | 4101 Ravenswood Rd Ste 406 | <input type="checkbox"/> Add |
| | | Dania Beach, FL 33312 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Shamor Belliard | 9350 SW 77th Ave G-8 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33156 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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6410 11-11-1968

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8-24 2022



Signature of a member or authorized representative of a member

SOHAIL MITHA

Typed or printed name of signee