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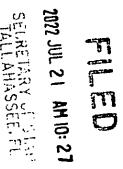
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			· •
SUBJECT:	STyn Namy of Lin	A Code Copy (additional copy is enclosed) A Code More Sand More S	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	k	Chia M	065a 4
	57	ymerock Firm/Company	Smokes, LCC
	13740	SW 2725	T Apt 304
	Mam	Floride Code	33032
	KaThia M	organ 400 gm	ail.con
For further information of	concerning this matter, please c	all:	
Kathu Name (e Moy 89,5	at (<u>186</u>) <u>3 74</u> Area Code Daytir	1 — 1538 ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre	<u>88:</u>	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

FILED

Stymerock	Smoker	2022 JUL 21 AM 10: 27
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our receited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Compa	any were filed on $4/2$	$7/202^2$ and assigned
Florida document number <u>L22-00020144</u>	19	/
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Kathia	Morgan
(Principal office address MUST BE A STREET ADDRESS)	13740 SW Man, 71	272 ST APT 304
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registered
agent and the new regimered write authors here.	Λ	
Name of New Registered Agent:	- 1H	
New Registered Office Address:	Enter Florida street ada	Iress
		Florida
	Ciţ	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

Title	Name	Address	Type of Action
MGR	AKIRA Melvin	13740 SW 272 51 Apt 304	□Add
		13740 SW 272 St Apt 304 Michil, 71 33032	Remove
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ffectiv	date, if other than the date of filing: (optional) date and cannot be prior to date of filing or more than 90 days after filing)	437.500
<u> Note:</u>	the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant 2 will not b	pe listed as f
юсцию	's effective date on the Department of State's records.		
record	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	he 90th day	y after the
d is file	- 1 // -		
d is file	7/1/2022		
d is file Dațed _	7/15/2022		

Filing Fee: \$25.00