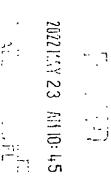
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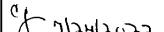
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

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Registration Section Division of Corporations

TO:

SMOKER'S	S KINGDOM LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CASANDRA MATEOS		
		Name of Person	<del></del>
	<del></del>	Firm/Company	<del></del>
	12809 SW 134 STREET	Address	
	MIAMI, FL 33186	Address	
	CASSIEMATEOS@ME.C	City/State and Zip Code	·
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
CASANDRA MATEOS		at () 803-9103	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
<b>■</b> \$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 States Division of CP.O. Box 632	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SMOKER'S KINGDOM LLC

2022 HAY 23 AH 10: 45

(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 29, 2022 and assigned Florida document number 1.22000204243 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: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: CASANDRA MATEOS Name of New Registered Agent: 17364 S DIXIE HIGHWAY New Registered Office Address: Enter Florida street address MIAMI

## 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 Charging 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
S	NOVO SERPA, JAVIER	5600 SW 125 AVE	□Add
		MIAMI, FL 33183	≡Remove
			Change
<u></u>			□Add
		. <del></del>	□Remove
			Change
			□Add
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			□Add
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	<del></del>		□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
		<del> </del>	

Hang dener II	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	<del></del>
•	
	<del></del>
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e: If the date inserted in	han the date of filing:
ord specifies a delayed filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MAY 19	2022
	Signature of a member or authorized representative of a member
	Casardra Mateos

Filing Fee: \$25.00