## L 22000456250

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## **COVER LETTER**

TO: Registration S Division of Co			•
	at Smoke Shop LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Charles Evans		
		Name of Person	
	Stoned Goat Smoke Shop	LLC	
		Firm/Company	
	16490 SW 244 Street		SECRE (
		Address	
	Homestead, FL 33031		-9
		City/State and Zip Code	2 12m
	stonedgoatsmokeshop@gm		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report r	notification)
Charles Evans	concerning this matter, prouse o	305 7664565	
	of Person	at ()	time Telephone Number
Name	or r etson	Area code Day	unic reiepione number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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	<u>:ss:</u>	Street Address:	
Registration	Section	Registration	
Division of C P.O. Box 63	-	Division of C	Corporations f Tallahassee
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stoned Goat Smoke Shop 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 October 24 2022 and assigned Florida document number L22000456250 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: 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.

City

. Florida \_

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
MGRM	Michael R Russell	13838 SW 283 Terrace	
		Homestead, FL 33033	■ Remove
			□ Change
MGRM	Melissa A Russell	13838 SW 283 Terrace	<b>≅</b> Add
		Homestead, FL 33033	□Remove
			□Change
			□Add  □CRE □Remove □Change □Add
		<del></del>	□Remove
<u> </u>			
		<del></del>	Remove
		***	□Change
			□Remove
			□ Change

tive date, if other than the date of filing:  (optine a specifies a specifies and cannot be prior to date of filing or more than 90 days after a lift the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.  In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	
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filed.	
October 25 2022	) The 90th day after the
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Signature of a member or authorized representative of a member	