

L22 000 510 416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

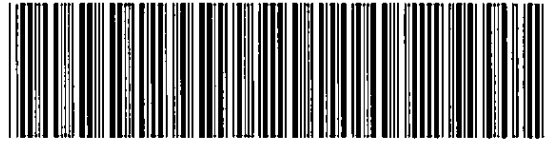
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2023 JUN 21 PM 3:31

CLERK OF DISTRICT COURT
TALLAHASSEE, FL



2023 JUN 21 PM 2:08

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIMO-S TOBACCO AND VAPES, 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:

AHMED ALAEDDINE KISSAYI
Name of Person

Firm/Company

4301 NORTH WICKHAM RD UNIT 8
Address

MELBOURNE FL 32935
City/State and Zip Code

KISSAYI@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AHMED A KISSAYI at (646) 752-2727
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

KIMO-S TOBACCO AND VAPES, 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 12/05/2022 and assigned
Florida document number L22000510416.

This amendment is submitted to amend the following:

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

KIMO'S TOBACCO AND VAPES, LLC

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)

4301 NORTH WICKHAM RD UNIT 8
MELBOURNE, FL, 32935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4301 NORTH WICKHAM RD UNIT 8
MELBOURNE, FL 32935

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:

AHMED ALAEEDDINE KISSAYI

New Registered Office Address:

4301 NORTH WICKHAM RD UNIT 8

Enter Florida street address

MELBOURNE

City

Florida 32935

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>
MGR	AHMED ALABEDDINE KISSAYI	4301 N. WICKHAM RD UNIT 8	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL, 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	MOHAMMED KISSAYI	880 GENA RD SW	<input type="checkbox"/> Add
		PALM BAY, FL, 32908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN : 93-1725060 ADD

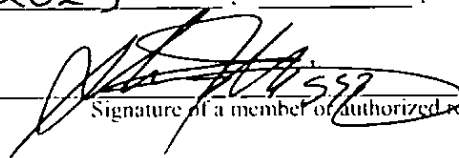
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record 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 record is filed.

Dated 06/21/2023



Signature of a member or authorized representative of a member

AHMED ALAGEDDINE KISSAYI

Typed or printed name of signee