# L23000094796

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### **COVER LETTER**

	istration Sectision of Corpo					
SUBJECT:	LUCKY STA	R SMOKE GROUP LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sul	omitted for filing.			
		lence concerning this matter	-			
		Ying Zhang				
			Name of Person			
			Firm/Company		202	
		5168 W Colonial Dr			2023 MAR 30	(2007) ] (2007)
		Orlando FL 32808	Address		•	1
City/State and Zip Code oxcoco27@gmail.com			ANII: 58	, OPP		
For further inf	formation con	E-mail address: ( cerning this matter, please or	to be used for future annual report notif	ication)	μ, ω	
Zhiyi Peng			321 3324940 at ()			
	Name of Pe	erson		Telephone Number		
Enclosed is a	check for the t	following amount:				
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified 0	e of Status &	

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahasaan Et 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 1.23000094796		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		e 2
(Principal office address MUST BE A STREET ADDRESS)		. 23
-		5
		က <del>ကြေ</del>
Enter new mailing address, if applicable:	:	.e a .A
Mailing address MAY BE A POST OFFICE BOX)	r.	101 = 1
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name	
Name of New Registered Agent:		<del></del>
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 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>	Address	Type of Action
MGR	BOUZIDI, SOUKAINA	8433 DIAMOND COVE	
		ORLANDO, FL 32836	<b>≣</b> Remove
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Affective date, if other than the date is listed, the date.	must be specific and cannot be s block does not meet the a	applicable statutory fili	more than 90 days after ng requirements, this	filing.) Pursus	ant to 605,02 of he listed a
<u>lote:</u> If the date inserted in this ocument's effective date on the record specifies a delayed effective			, on the earlier of; (b)	) The 90th	day after th
<u>lote:</u> If the date inserted in this ocument's effective date on the record specifies a delayed effective.			, on the earlier of: (b	) The 90th	day after th
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lote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.	ctive date, but not an effect		, on the earlier of; (b	The 90th	
lote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.	ctive date, but not an effect	tive time, at 12:01 a.m		The 90th	2023

Filing Fee: \$25.00