

# L23000118445

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

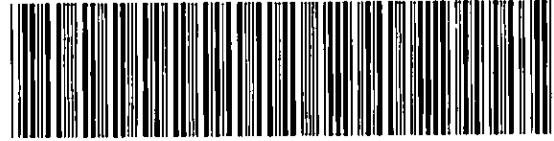
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAR 28 AM 9:28  
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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \$ 25.00

Authorization Signature: *Jan 4/11*

INSANE VAPE & SMOKE SHOP 5 LLC L23000118445

**BUSINESS NAME** **DOCUMENT #**

   **Certified Copy of Articles of Organization**

   **Certificate of Status**

**NEW FILINGS**

   Profit Corp  
   Not for Profit  
   Limited Liability  
   Domestication  
   Other  
   **CORP**  
   **LLLP**

**OTHER FILINGS**

   Annual Report  
   Fictitious Name  
   APOSTILLE  
   **Country**

**EXAMINER'S INITIALS:**           

**AMMENDMENTS**

  X   Amendment  
   Resignation of R.A. Officer/Director  
   Change of Registered Agent  
   Dissolution  
   Merger  
   **Conversion**  
   **Amended and restated Articles**  
           **Statement of Authority**

**REGISTRATION/QUALIFICATIONS**

   Foreign filing  
   Limited Partnership  
   Reinstatement  
   Other

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INSANE VAPE & SMOKE SHOP 5 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:

BUIRAT, ABDALHADI

Name of Person

Firm/Company

1841 N HIGHLAND AVE UNIT 1

Address

CLEARWATER, FL 33755

City/State and Zip Code

abdbuirat@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANAD ALOMARI

at 305 988-2420  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

INSANE VAPE & SMOKE SHOP 5 LLC

2023 MAR 28 AM 9:28

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/14/2023 and assigned

Florida document number L23000118445.

This amendment is submitted to amend the following:

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

S & A INSANE SMOKE SHOP 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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

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 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>
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\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

☐ Add

[Remove](#)

☐ Change [View all changes](#)

\_\_\_\_\_ ☐ Add

[Remove](#)

☐ Change

☐ Add

[Remove](#)

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☐ Add

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\_\_\_\_\_ ☐ Change

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[Change](#)

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

Blank lines for amending information.

FILED  
2023 MAR 28 AM 9:28  
CLERK OF STATE  
TALLAHASSEE, FL

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 March 28th 2023

AB  
And Buirat Mar 28, 2023 11:37 EDT  
Signature of a member or authorized representative of a member

BUIRAT, ABDALHADI  
Typed or printed name of signer