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## **COVER LETTER**

Name of Limited Liability Company	Division of Corporations
Please return all correspondence concerning this matter to the following:    Lately Address	SUBJECT: SMOKERZ Paradice LLC Name of Limited Liability Company
Firm Company    105 NE 49 Street Miami FL Address   Mame of Person	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Firm/Company    (05 NE 49 Street Migmi, Fl. Address   Migmi, Fl. Address	Please return all correspondence concerning this matter to the following:
Cost NE 49 Street Miami FL Address   Madress	Latesha Ramon Bell Name of Person
City/State and Zip Code  SMOKE Z Parchi Ce Q gmail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Lates Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status & Certified Copy	Firm Company .
E-mail address: (to be used for future usinual report notification)  For further information concerning this matter, please call:    Lates   A Bell at 305   612-3644     Name of Person   Area Code   Daytime Telephone Number      Enclosed is a check for the following amount:   S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   Certified Copy   Certificate of Status & Certified Copy   Certificate Copy   Certified Cop	165 NE 49 Street Miami, FL
For further information concerning this matter, please call:    Late S Val   Bell   at (305)   612-3644     Name of Person   Area Code   Daytime Telephone Number	Miami FL 33137 City/State and Zip Code
Lates   Radiational copy is enclosed)   Lates   Lat	Smoker 2 pardice (a) amail. com  E-mail address: (to be used for future annual report notification)
Enclosed is a check for the following amount:   S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Enclosed is a check for the following amount:  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy  Certified Copy	For further information concerning this matter, please call:
Enclosed is a check for the following amount:   S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Enclosed is a check for the following amount:  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy  Certified Copy	Latesha R Bell =1, 305, 612-3644
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy	Name of Person Area Code Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status & Certificate of St	Enclosed is a check for the following amount:
	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy

TO:

Registration Section

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

Smokerz Paradice Ll	_C
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\boxed{\mathcal{I}}$ . Florida document number $\boxed{123000320955}$ .	
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 design	ation "LLC" or the abbrevization "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	rds, <u>ente<b>r the name of the new regi</b>stered</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florida:	treet 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 cap provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chapbeing filed to merely reflect a change in the registered office address. I hereby c	duties, and I am familiar with and perfect 605, F.S. Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

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	Cynthia Bell	165 NE 49th Street	ttZAdd
	'	Miami, FL 33137	Remove
AMBR	Cynthia BELL	165 NE 4914 Stract	(EAdu
		Miami, FL 33137	
			🗀 Add
			CRemove
			🖸 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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tf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	re date, if other than the date of filing: 77222023 (optional) etive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
ne record ord is file	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 ed.
Dated_	7-24, 2023. 1+201, Q BODD
	Signature of a member or authorized representative of a member
	Latesha R Bell

Filing Fee: \$25.00