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COVER LETTER

Division of Corporations MIDNIGHT VAPE & CIGAR, LLC SUBJECT: 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: MIR N. PARVEEN Name of Person MIDNIGHT VAPE & CIGAR, LLC Firm/Company 4420 LA MIRAGE Address PENSACOLA, FL 32504 City/State and Zip Code MIRPARVEEN395@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 871-5962 MIR N. PARVEEN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55,00 Filing Fee & □ \$25.00 Filing Fee **\$30.00** Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

AUDMICHT VADE & CICAR ALC

	THE & CIGAR, LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000362000</u> .	any were filed on	08/01/2023	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
N/A				
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
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 offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our rec	ords, <u>enter the n</u> N/A	ame of the new regis	
N. D. Combandada				
New Registered Office Address:	Enter Florid	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MOHAMMAD M. RAHMAN	16908 32ND AVE	□Add
		FLUSHING, NY 11358	≣Remove
			□Change
<u>.</u>			□Add
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	N/A		
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Effective date, if other than the defeated attention of the date in the date in this block document's effective date on the Department of the date in this block document of the date of t	he specific and cannot be prior to date ck does not meet the applicable st	(optional) of filing or more than 90 days after filing tatutory filing requirements, this date) Pursuant to 605.0207 (will not be listed as t
record specifies a delayed effective d is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) Th	e 90th day after the
26TH APRIL	2024		
	ΔP_{c}		
	Signature of a primper or authorized a	representative of a member	
	righattire of a method of authorized t	representative or a memoer	
	MIR N. PARVE		

Filing Fee: \$25.00