4/23/24, 2:18 P

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILE HIGH SMOKE SHOP LLC

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COVER LETTER

Div		rporations		
SHRIEC'À.	MIB B [H]G	H SMOKE SHOP LLC	•	
SUBJECT.	****	Name of Lin	ited Liability Company	,may 10 mar
The encloses	Division of Corporations MIBIRHIGH SMOKE SHOP LLC Name of Limited Liability Company as enclosed Articles of Amendment and foc(s) are submitted for filing. asserteurn all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIR STE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (in he used for future annual report notification) f further information concerning this matter, please call: OROTLER Name of Person Area Code Daytime Telephone Number Selesed is a check for the following amount: Selesed is a check for the following amount: Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)			
Please returr	all correspo	ondence concerning this matter	to the following:	
		ED KOTLER		
			Name of Person	- Appropriate to the second se
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		8865 COMMODITY CIR	STE 4	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		-		
		E-mail address: (to he used for future annual report notification)	
For further is	oformation c	oncerning this matter, please of	alf:	
ED KOTLE				
	Nап⊯ о	f Person	Area Code Daytine Telephone N	umber
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cer	rtificate of Status & rtified Copy
	ling Addres gistration S		Street Address: Registration Section	
	-	orporations	Division of Corporations	
P.C	. Box 632	7	The Centre of Tallahassee	
Tal	lahassee, F	FL 32314	2415 N. Monroe Street, Su	iite 810

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILE HIGH SMOKE SHOP LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liobility Company)	arr ar i a
The Articles of Organization for this Limited Liability Company Florida document number L23000414869	were filed on 03/15/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
M HIGH SMOKE SHOP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2212 S CHICKASAW TRAIL142	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32825	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	2024/
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New.Registered Office Address:		<u>လှ</u>
	Enter Florida street address	C)
	, Florida	V9
	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

Tille	Name	Address	Type of Action
CEO	RODRIGUEZ, JOSHUA A	2212 S CHICKASAW TRAIL #142	
		ORLANDO, FL 32825	
			■ Change
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To:

	
<u>ote:</u> 11	te date, if other than the date of filing: (optional) tive 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in its effective date on the Department of State's records.
ecord : is filed	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
	Horil 23 2024
led _	, 1/1
ited	
ated	Signature of a member or authorized representative of a member