L23000455876

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A. RIVERS

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COVER LETTER

TO:	Registration Se Division of Cor		a			
SUBJE		noke Shop LLC				
SUDJE		Name of Limi	ted Liability Company			
The enc	closed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please i	return all correspo	ndence concerning this matter t	to the following:			
		Carmen M. Castillo				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		El Teteo Smoke Shop				
			Firm/Company	-		
		153 Abaco Dr.				
		<u> </u>	Address			
		Palm Springs FL 33461				
		City/State and Zip Code				
		ElTeteoSmokeShop@Gmail	Com o be used for future annual report notifi	cation)		
For fur	ther information c	oncerning this matter, please ca				
Carmei	n M. Castillo		718 924-4653	Telephone Number		
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El Teteo Smoke Shop LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 10/03/2023	and assigned	
Florida document number <u>L23000455876</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
		د پ	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		ر 	
		· -	
B. If amending the registered agent and/or regis		nter the name of the ne	
registered agent and/or the new registered office add	ress here:	-	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	ia	
	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>	Address	Type of Action
MGR	Carmen M. Castillo	153 Abaco Dr.	= Add
		Palm Springs FL 33461	□ Remove
			Change
			□ Remove
			Change
	-		
	•		□ Remove
			Change
			□ Add
			□ Remove
		<u></u>	Change
			Add
			☐ Remove
			Change
			Remove
			Change

Note:	tive date, if other than the date of filing: (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	··
	COTULU M. Captillo Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00