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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		as Hookah LC nited Liability Company	
		. ,	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Myna	Lu Rolon Name of Person	
	_ D va	Hookah LLC	
	<u>600.3</u>	Srick Rd.	
	St. Cla	Address	
	Myrnaleca E-mail address: (City/State and Zip Code Grmcng @ gmail Con to be used for future annual report notif	n·
For further information c	concerning this matter, please e		
M yna Name e	Luc Rolon of Person	at (407) 773- Area Code Daytime	≤050 Telephone Number
Enclosed is a check for the	he following amount:		
□ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sect	
Division of C	ornorations	Division of Corn	wratione

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D' Vas	. Hookah LLC	
(<u>Name of the Limited Llabii</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L 24000</u> 5357	Company were filed on	1 29 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI		ion "LLC" or the abbreviation "L.L.C."
		82
		143 443 444
Enter new mailing address, if applicable:		;
Mailing address MAY BE A POST OFFICE BOX)	·—	6.4
		<u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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>	Type of Action
AHBR	Myrra Les Rolon	6003 Brick Rd St. Cloud Fl 3477Z	DAdd
		St. (1804 F1 94442	□Remove
			🗆 Add
		□Remove	
			□Change
		□Add	
			□Remove
		□Change	
			
			□Remove
			□Change
-			□Add
			Remove
		□Change	
-	-		□Add
			□Remove
			Chance

1 44 I	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ivou.	ive date, if other than the date of filing:
he recor ord is fi	d 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	215 2024.
Dated	Hitelon
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L24000053575 FILED 8:00 AM January 29, 2024 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: D'VAS HOOKAH, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6003 BRICK RD ST CLOUD, FL. UN 34772

The mailing address of the Limited Liability Company is:

6003 BRICK RD ST CLOUD, FL. UN 34772

Article III

The name and Florida street address of the registered agent is:

MYRNA L ROLON 6003 BRICK RD ST CLOUD, FL. 34772

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MYRNA LEE ROLON

Article IV

The effective date for this Limited Liability Company shall be:

03/01/2024

Signature of member or an authorized representative

Electronic Signature: MYRNA LEE ROLON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.