# 624000/23356

(Requestor's Name)  (Address)	200425452
(Address)	200-120-102
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	03/26/2401014
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2 <u>-</u> 1- 20 20 10
Office Use Only	,-



2752

āiQ \*\*25.69

2024 MAR 28 PM 12: 57 RECEIVED

2 23 KM 8: 16

## **COVER LETTER**

TO:	Registration S Division of Co				
CHERT		e Cigar Lounge LLC			
SUBJEC	JI:	Name of Lin	ited Liability Company	<del></del> -	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
		Micah Rose			
			Name of Person		atus &
		The Office Cigar Lounge			
			Firm/Company		
		880 Kerry Downs Circle		, <b>p</b>	i
			Address	<del></del>	
		Melbounre Fl 32940		14. B	D
		•	City/State and Zip Code	'n	
		Rose.Micah@Gmail.com		<u></u> ಎಕ್ಟ ಬಂಬ	— సు
For furth	er information	E-mail address: ( concerning this matter, please c	to be used for future annual report not	fication)	ਰਾ
Micah R			786 914-0804		
	Name	of Person		e Telephone Number	
Enclosed	l is a check for	the following amount:			
<b>≡</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
	Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ction	
	_	Corporations	Division of Co		
	P.O. Box 63	27	The Centre of T	Γallahassee	
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Office Cigar Lounge LLC		<del></del>
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on March 12, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		405
(Principal office address MUST BE A STREET ADDRESS)		
		ت . ن
Enter new mailing address, if applicable:		
		mω, φ.
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
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</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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>	<u>Name</u>	Address	Type of Action
MGR	Justin Luke	820 Palm Bay RD NE #113, Palm Bay, FL 32905	□Add
			<b>≡</b> Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
			□Remove
			□Change
<u></u>		<del> </del>	□Add
			□Remove
			Change
		<u> </u>	16
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

### Page 2 of 3

			<u></u>			<del></del> -	
		=.		•			
			<u>-</u>				
					. <u>.</u>		
	<del></del>		<u> </u>		<del></del> -		
							7 - 7 7 - 7 - 7 9 - 7 142
	<del></del>			·			
		<del>.</del>					<del>, , , , , , , , , , , , , , , , , , , </del>
						<u> </u>	
						[.1	က် ဆို
· · · · · ·			<del></del>			Ī	5 6
	·					<u> </u>	
fective date,	if other than	the date of fili	ing:			_ (optional)	
an effective date	is listed, the date	must be specific a	and cannot be pri	or to date of filin	g or more than 90	days after filing.	) Pursuant to 605.0 will not be listed
		e Department o			,		
		yed effective record is file		not an effect	ive time, at 1	12:01 a.m.	on the earlier
1110 50011 01	iy ditter the	, , , , , , , , , , , , , , , , , , , ,	<b>U</b> 1				
	3/27/20	24	7:10p	m.			
ited							
ated	m	licah Ros	e		ntative of a membe		

Page 3 of 3

Filing Fee: \$25.00