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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SUBJECT: 5BS	S Consulting Name of Lim	LLC .	
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The anglesed Amieles of A	mond-out and fac(s) are sub-	· · · · · · · · · · · · · · · · · · ·	
	mendment and fee(s) are sub	•	
Please return all correspond	lence concerning this matter	to the following:	
	Danus R	Cipherel Name of Person	<del></del>
		Firm/Company	
	1260 NW 1	47th Street	
		33167  City/State and Zip Code  11 Com  to be used for future annual report notific	SECRETALL SECRETARY OF SECRETAR
For further information con	cerning this matter, please c	all:	mon to
Danus Rap Name of P	hael	at (305) 109-6 Area Code Daytime	774 Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 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 Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

TO:

Registration Section
Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5B55 Consilting	LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{03/22/24}{24}$ and assigned
Florida document number <u>L24000 142230</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
5B Smoke Shop U	-C
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation [L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	70.2
	inco -
Enter new mailing address, if applicable:	1260 NW 147th Street
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33167
R. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registered
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
_	
Name of New Registered Agent: Day	Kaphael
New Registered Office Address: 1260	NW 147th street  Enter Florida street address
· M.am	. Florida 33167 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

company has been notified in writing of this change.

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

or remov	eu nom our recorus:		
MGR = AMBR =	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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nending any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)
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	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (applicable statutory filing requirements, this date will not be listed as t
: If the date inserted in this block does not meet the iment's effective date on the Department of State's re	ecords.
ord specifies a delayed effective date, but not an effective date.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d December 6. 20	<u> 24                                    </u>
Signature of a member of	or authorized representative of a member
Danus Raphael	,