L24000144527

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|---|--|
| ѕивјест: <u>High</u> | Vybz Hookah Name of Limit | Lounge, LLC ted Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | o the following: | |
| | Shaqueena | Name of Person | |
| | - | Firm/Company | |
| | P.O. Box 12 | Address | <u> </u> |
| | | 32727 City/State and Zip Code | |
| | misshumoreh E-mail address: (to | o beared for future annual report notifi | cation) |
| For further information co | ncerning this matter, please ca | H: | |
| Shaqueera Name of | LiSter | at (<u>352</u>) <u>708 - 9</u> Area Code Daytime | 589 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Vyb2 Hookah Lourne LLC
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 25, 2024 and assigned Florida document number <u>L24000144529</u>.

This amendment is submitted to amend the following:

| | ibility company here: | 7.2 |
|---|--|------------------------------------|
| | | |
| 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) | | ~ |
| Trincipal office anaress orost BE A STREET MODRESS | | 5 |
| | | 0 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | *** | |
| Studing duaress SIAT BE A TOST OFFICE BOX | | |
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| 3. If amending the registered agent and/or registered offic | e address on our records, <u>er</u> | nter the name of the new regist |
| B. If amending the registered agent and/or registered officagent and/or the new registered office address here: | e address on our records, <u>er</u> | nter the name of the new regist |
| | e address on our records, <u>er</u> | nter the name of the new regist |
| | e address on our records, <u>er</u> | nter the name of the new regist |
| Name of New Registered Agent: | e address on our records, <u>er</u> | nter the name of the new regist |
| agent and/or the new registered office address here: | e address on our records, <u>er</u> Enter Florida street ad | |
| Name of New Registered Agent: | Enter Florida street aa | |

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> | Name | Address | Type of Action |
|--------------|------------------|-----------------------|----------------|
| Mgr_ | Sable Fulmore | 3287 Logan Berry Dr. | □Add |
| | | Mount Dora, FL 32757 | Remove |
| | | | □Change |
| Mgr_ | Shaqueena Lister | 1584 Auburn Hills Cou | A ZIAdd |
| | | Tavares, FL 32757 | □Remove |
| | | | 🗆 Change |
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| effective date is :: If the date: | other than the clisted, the date must inserted in this blo ive date on the De | be specific and ck does not m | cannot be prior t seet the applica | o date of filing or i | more than 90 day | (optional) s after filing.) P ts, this date wi | ursuant to 605.02 Il not be listed |
| filed. | a delayed effective | | | | | | |
| d Jun | e 26 Shagues Shaquee | | 2024 | ·· | | | |
| | | | | / | | | |

Filing Fee: \$25.00