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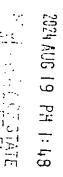
Office Use Only

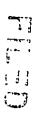


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COVER LETTER

TO:

Registration Section

Division of C	Corporations			
SUBJECT: Haz	y Marina Sr Name of Limit	MOKE Shop ted Liability Company	e Boutique	LC.
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.		
Please return all corres	spondence concerning this matter t	o the following:		
	Sarah L	Mn Kingia Name of Person		
	Hazy Mar	ma Smoke St	rop & Boutique	(((.
	4547 Med	iterranean C	ı <u>(</u> .	
	Palm Beach	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	FL. 33418 Con	
For further informatio	n concerning this matter, please ca	11:		
Sarah	e of Person	at (405) 72 Area Code Daytime	7-0444 Telephone Number	
Enclosed is a check fo	r 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)	
P.O. Box 6	n Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations SS ALL ALL ALL STREET, Suite 810	6.12.23 6.12.23 6.12.23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hazy Marina Smok (Name of the Limited Limited) (A Florida Limited)	e Shop & Boutique (any as it now appears on our records.) Liability Company)	<u>L</u> (
The Articles of Organization for this Limited Liability Company Florida document number 124600209903	y were filed on $7 - 11 - 24$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		-
Enter new principal offices address, if applicable:	524 North (ake Blvd.	_
(Principal office address MUST BE A STREET ADDRESS)	Lake Park FL 33408	-
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe	<u>red</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	-
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Code	-
Name Designated Assent's Signature if changing Designated Assets		

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 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	Sarah Lynn Knai	ia 4547 Mediterranans	DDX 11
		ia 4547 Mediterrangan Palm Beach Gardens Fl 33418	□Remove
			🗆 Add
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If amending any other	ner mormanon, em	er change(s) here.	(Anach adamona si	neers, y necessa	<i>r<u>.</u>v.)</i>	
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Effective date, if oth	ner than the date of	filing:		(optional	1)	
Note: If the date inse	ed, the date must be specificated in this block does date on the Departmen	not meet the applicable				
e record specifies a de rd is filed.	layed effective date, bu	it not an effective time	, at 12:01 a.m. on the	earlier of: (b) 1	he 90th da	
^	1	_ /				2024
Dated <u>Augus</u>	<u>† 14 .</u>	<u> </u>	. 🔪		127	2024 AUS
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	Signature	of a member or authorize	ed representative of a m	ember	(1) (1) (1) (1) (1) (1)	_
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		Typed or printed n	iame of signee	<u> </u>	<u>></u>	_€