## L24000371754

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
We All Sm	oke Smokeshop LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	_		
	Helmuth Quant			
		Name of Person		_
	We All Smoke Smokeshop	LLC		
		Firm/Company		_
	514 N. Dixie Highway			
		Address	·	-
	Hollywood, FL 33021			
		City/State and Zip Code		<del>-</del>
	weallsmokesmokeshop@gn			
		to be used for future annual	report notification)	20 Si
For further information c	oncerning this matter, please co	all:		24 O ECR TAL
Helmuth Quant		305 41	7-0206	202k OCT -2 SECRETALI TALI AITA
Name o	f Person	Area Code	Daytime Telephone Numbe	·
Enclosed is a check for the	ne following amount:			2: 51 2: 51
<b>\$\frac{1}{2}\$</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certifica closed) Certified	ite of Status &
<b>NA</b> 191		6		
Mailing Addres Registration S		<u>Street A</u> Registr	ddress: ation Section	
Division of C	Corporations	Divisio	on of Corporations	
P.O. Box 632	. /	The Ce	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We All Smoke Shop LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/23/2024}{1}$ and assigned Florida document number <u>L24000371754</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AMBR	Daniel Valdez	514 N Dixie Highway	
		Hollywood, FL 33021	= Remove
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			□Remove
			□ Change
		<del></del>	□Add
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effective date is listed, the date m	nust be specific and cannot be prior to coblock does not meet the applicable	late of filing or more than 90 days at	ter filing.) Pursuant to 605.020
	Department of State's records.	, 3 1	
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s filed.	tive date, but not an effective time	, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
ed September 23	2024		
110	<del>I</del> (6).	•	
Helm	wh. ( ) want		

Typed or printed name of signee