L140000 34818

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2014 MAR - 6 PM 1: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 7 2013 T. HAMPTON

COVER LETTER

TO:	Registration Section
	Division of Corporation

.....L14000034818

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Austin D Rampt
Name of Person
Shop Vapes Store 2, LLC
Firm/Company
2919 N. military Trail Suite E
Address
West Palm Beach, FL 33409
City/State and Zip Code
ustin@shopyanes.com

For further information concerning this matter, please call:

Austin Rampt

ູ,561、557-570*1*

Name of Person

Area Code

E-mail address: (to be used for future annual report notification)

Daytime 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shop Vapes Store 2, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	2014 SE
The Articles of Organization for this Limited Liability Company Florida document number L14000034818 This provides the first test and the following test and th	were filed on 03/03/2014	HARsigned CRE JANY OF
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	STATE 8
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2919 N. Military Trail S	Suite E
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL	33409
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			STATE ASTRON
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			□ Remove

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Dated 03 03 2014.	effective date must be specific, c	cannot be prior to date of receipt or filed date ar	d cannot be more than 90 days after
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(lust tomot	•	aust Pompt	
Signature of a member or authorized representative of a member		Signaffire of a member or authorised repr	esentative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE