## <u> L1600045410</u>

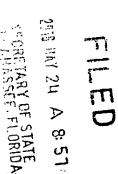
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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations		,
CHD IE	Juice And V	/apes		
SUBJE	UI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submitted the concerning this matter	_	
		Ernie Sarmiento		
		-	Name of Person	
		Juice And Vapes		
			Firm/Company	
		452 E 27 ST		
			Address	
		Hialeah, FL 33013		
			City/State and Zip Code	
		erniesarmiento@live.com	to be used for future annual report notif	
For furth	ner information co	oncerning this matter, please ca		Lation)
Ernie Sa	armiento		754 610-0151	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

Juice And Vapes				
( <u>Name of the Limited I</u> (A )	<b>Liability Compa</b> Florida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on 03/03/2016	and assigned	
lorida document number L16000045410	·			
his amendment is submitted to amend the followi	ng:			
If amending name, enter the new name of th	e limited liab	ility company here:		
uice & Vapes, LLC			The second secon	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable	e:	452 E 27 ST	17AR 22	
Principal office address MUST BE A STREET A	(DDRESS)	Hialeah, FL 33013	So m	
			RIDATE ST	
nter new mailing address, if applicable:		452 E 27 ST	<u>-</u>	
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Hialeah, FL 33013	°L 33013	
. If amending the registered agent and/or egistered agent and/or the new registered office	•		ecords, enter the name of the	
Name of New Registered Agent:	Ernie Sarmient	0		
New Registered Office Address:	452 E 27 ST			
		Enter Florida street	address	
1	Hialeah		, Florida <u>33013</u>	
_		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 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	Ernie Sarmiento	452 E 27 ST	Add
		Hialeah, FL 33013	Remove
			■ Change
	****		Add
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	date, if other than the date of filing: (optional)	_
(If an effective Note: If t	date, if other than the date of filing:	
(If an effective Note: If the document)	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l	listed as the
(If an effective Note: If the document of the recording to the recording t	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be leave the date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be leave the date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be leave the date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be leave the date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be leave the date on the Department of State's records.	listed as the
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Filing Fee: \$25.00