

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VAPIN CRAZY E-CIGS & JUICES - LAKELAND, LLC

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:

AUNDRE SCOTT

Name of Person

MITRE ACCOUNTING & TAX SERVICES, LLC.

Firm/Company

15701 SR 50, STE 202

Address

CLERMONT, FL 34711

City/State and Zip Code

TAXES@MITREACCOUNTINGANDTAX.COM

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

For further information concerning this matter, please call:

AUNDRE SCOTT

352 242-9905
at ()

Name of Person

Area Code

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**

VAPIN CRAZY E-CIGS & JUICES - LAKE LAND, 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 01/20/2017 and assigned Florida document number L17000016078.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VAPIN CRAZY E-CIGS & JUICES - HAINES CITY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

36166 US HWY 27

(Principal office address MUST BE A STREET ADDRESS)

HAINES CITY, FL 33844

Enter new mailing address, if applicable:

200 WHISPERING PINES WAY

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT, FL 33837

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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:

MITRE ACCOUNTING & TAX SERVICES, LLC.

New Registered Office Address:

15701 STATE ROAD 50, STE 202

Enter Florida street address

CLERMONT

City

Florida 34711

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> N/A	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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CITIZENSHIP

