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S. PRATHER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Creepy Clouds Vapor Co., 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:
Kevin A Beltz
Name of Person
Creepy Cloyds Vapor Co., LLC
4295 Sunbeam Rd. Apt, 1712
Jacksonville, FL 32257 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keurh A Beltz at (386) 314-7727  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$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

_ Crepy Clouds Va	por Co., LLC
( <u>Name of the Limited Liabili</u> (A Florid:	ry Company as it now appears on our records.) a Limited Liability Company)
Γhe Articles of Organization for this Limited Liability C	Company were filed on June 27, 2018 and assigned
Florida document number <u>L 1800015 7949</u>	
This amendment is submitted to amend the following:	*· , .
	ited liability company here:
A. If amending name, enter the new name of the lim	ited liability company here:
Dieneces Enterprises, L	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "J.L.C."
Enter new principal offices address, if applicable:	n/9
Principal office address MUST BE A STREET ADDR	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>n/a</u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the norms here:
Name of New Registered Agent:	n/9
New Registered Office Address:	n/9
	Enter Florida street address
·	h/q . Florida $h/q$
	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.

f 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>	<u>Address</u>	Type of Action
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		Ocala, FL 34476	WRemove
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Filing Fee: \$25.00