L09000031548

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

SEP 29 2010

EXAMINER

Office Use Only



700185845927

09/27/10--01016--011 **25.00

SEERETARY OF STATE

10 SEP 27 PM 3: 03

COVER LETTER

	ation Section of Corpor		'4				
SUBJECT:		THEVAF	PORPRO, LLC				
			ed Liability Company		-		
The enclosed Art	icles of Am	endment and fee(s) are sub	mitted for filing.				
Please return all	corresponde	ence concerning this matter	to the following:				
		AR	THUR C PEFFER J	R			
			Name of Person				
		TH	HEVAPORPRO, LLC				
			Firm/Company				
•		657	6574 N STATE RD 7 #231				
	-		Address				
		COCONL	JT CREEK, FLORID	A 33073			
•		City/State and Zip Code					
	., -	INFO(E-mail address: (to	THEVAPORPRO.	COM port notification)		
For further infor	mation cond	erning this matter, please co	all:				
А	RTHUR	C PEFFER JR	at (954)	707-	5606	, _	
Name of Person				& Daytime Tele	phone Number		
Enclosed is a che	eck for the f	ollowing 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 Fe Certificate of S Certified Copy (additional cop	tatus &	
MAILING ADDRESS: Registration Section		STREETA Registratio	COURIER A	DDRESS:			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEVAPOR						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company Florida document numberL0900031548	, ,	04/01/2009	and assi	gned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here	:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company	y," the designation "LI	C" or the ab	breviation		
Enter new principal offices address, if applicable:	6574 N STATE RD 7 #231					
(Principal office address MUST BE A STREET ADDRESS) COCONUT CREEK, FLORIDA 33073						
Enter new mailing 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 her	ffice address on ou e:	r records, <u>enter th</u>	e name of	the new		
Name of New Registered Agent:				e Ten		
New Registered Office Address:	Fnto	r Florida street addr	7 P	- u		
	ыне	## ##	7 P	r		
	City	, Florida	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		S 2			

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title <u>Name</u> ☐ Add Remove ☐ Add Remove Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 23RD Dated_ Signature of a member or authorized representative of a member ARTHUR C PEFFER JR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00