

**L16000226725**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

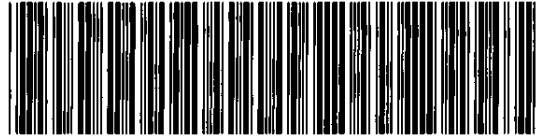
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2786

Office Use Only



**800293559738**

800293559738  
12/27/16--01021--001 \*\*30.00

**FILED**  
2016 DEC 27 A 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
**DEC 29 2016**

EFFECTIVE DATE 01/01/17

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LIFTED SPITITS VAPE & MORE, 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:

SHASTA M. LIEVERS

Name of Person

LIFTED SPIRITS VAPE & MORE, LLC

Firm/Company

324 ST. JOHNS

Address

PALATKA, FLORIDA 32177

City/State and Zip Code

INFO@ENCHANTEDELIXIRZ.COM

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

For further information concerning this matter, please call:

SHASTA M.LIEVERS

Name of Person

618 402-1468  
at ( ) 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

FILED  
2016 DEC 27 A 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIFTED SPITITS VAPE & MORE, 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 12/15/2016 and assigned  
Florida document number L16000226725.

This amendment is submitted to amend the following:

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

LIFTED SPIRITS VAPE & MORE, 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

324 ST JOHNS AVE

PALATKA, FL 32177

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

324 ST JOHNS AVE

PALATKA, FL 32177

**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:

SHASTA M LIEVERS

New Registered Office Address:

108 MILLER RD

Enter Florida street address

INTERLACHEN

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

FILED  
2018 DEC 27 A 10 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE  
2018 DEC 27 A  
SECRETARY OF  
TALLAHASSEE, FL

FILED  
2016 DEC 27 A 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
provisional)

Dated Dec 22, 2016.

Shasta m. Lievers  
Typed or printed name