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2012 JUN -7 PH 12: 49
SECRETARY OF STATE

J. BRYAN

JUN -8 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJECT: Vap Brickell LLC				
SCEC	<u> </u>		ted Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please r	eturn all correspo	ondence concerning this matter	to the following:	_
			Patti R Hardin, CPA  Name of Person	TALLAHASSEE. FLORIE
Hı			ughes, Snell & Co, PA Firm/Company	- PR
1470			Royal Palm Square Blvd Address	
		pha E-mail address: (	City/State and Zip Code rdin@hughessnell.com to be used for future annual report notifice	ition)
For furt	ther information of	concerning this matter, please c	all:	
		R Hardin, CPA	at ( 239 ) 9  Area Code & Daytime	39-2233 Telephone Number
Enclose	ed is a check for t	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Vap Bric	kell LLC			
(Name of the Limite)	Liability Compa	ny as it now appea	ars on our records.)		
(4	A I londa Ellinted i	Stability Company)			
The Articles of Organization for this Limited I	iability Company	were filed on	March 8, 2010	and assigned	
Florida document numberL1100004	4644				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name (	Etha limitad liak	ility aomnany h	wa.	小艺术	
A. If amending name, enter the new hame of			<u> </u>	F. 6 1	
1	N/A		•	7	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	pany," the designation "L	LC" of the abbreviation	
2.2.0.				Charles To	
Enter new principal offices address, if appli	cable:	N/A	N/A		
(Principal office address MUST BE A STREET ADDRES				<u> </u>	
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)		•		
B. If amending the registered agent and	or registered o	ffice address on	our records, enter t	the name of the new	
registered agent and/or the new registered of	office address he	<u>re</u> :			
Name of New Registered Agent:	N/A		·		
New Registered Office Address:	N/A				
		E	nter Florida street add	lress	
			, Florida		
		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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Man MGRM = M	ager anaging Member	· 安怀	
<u>Title</u>	Name	Address	Type of Acti
MGRM	Ebenhoeh Management &	PO Box 614 Sanibel, Fl 33957	GAdd  Remove
MGRM_	Brack Invest LLC	1470 Royal Palm Square Blvd Fort Myers, FL 33919	Add Remove
MGRM	Hecker Invest LLC	1470 Royal Palm Square Blvd Fort Myers, FL 33919	Add Remove 
MGRM	Wedis Unterhehmensberat	1470 Royal Palm Square Blvd Fort Myers, FL 33919	Add Remove
<u>MGRM</u>	Agogo GmbH	1470 Royal Palm Square Blvd Fort Myers, FL 33919	Add Remove 
MGRM	Vap Sunshine LLC	1470 Royal Palm Square Blvd Fort Myers, FL 33919	√Add Remove
D. If amend	-	ge(s) here: (Attach additional sheets, if necessary.)	
Dated	Patte P.	Dardin CPA or or authorized representative of symember	
		atti R Hardin, CPA d or printed name of signee	

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Filing Fee: \$25.00