

L120000065410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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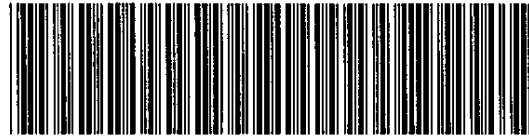
(Business Entity Name)

(Document Number)

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FILED
12 OCT -5 PM 3:05
RECEIVED
FEB 10 2012

B. BOSTICK

OCT - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vapenwiser 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:

Jason Liebman
Name of Person
Vapenwiser LLC
Firm/Company
1951 NW 55 AVE
Address
Margate FL 33063
City/State and Zip Code
info@vapenwiser.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Liebman at (951) 675-2435
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

12 OCT -5 PM 3:05

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

Vapenwiser 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

5/5/12

and assigned

Florida document number

L12000065410

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1951 NW 55th Ave.

Margate, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1951 NW 55th Ave.

Margate, FL 33063

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:

Stephen M. Zalka

New Registered Office Address:

437 NW 99th Ave.

Enter Florida street address

Parkland

, Florida

City

33076

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.

Stephen M. Zalka
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	Pohl Tice, LLC, Delaware limited liability corporation	21218 St. Andrews Blvd #115 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jason Liebman	10630 NW 43rd St Coral Springs, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Hannah L Enterprises, LLC, Florida limited liability corporation	11570 Wiles Road, Suite #2 Coral Springs FL 33067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10/2/12

X 

Signature of a member or authorized representative of a member

Jason Liebman

Typed or printed name of signee

12 OCT -5 PM 3:05