

# L12000119212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

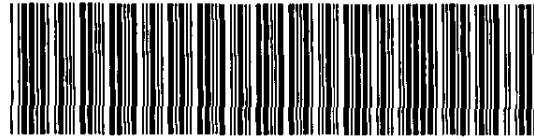
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 JAN 25 PM 12: 24

C. LEWIS  
Jan 28, 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2012

TRISHA L. ANSHAW / ANGEL 81 VAPES, LLC  
259 W. 15TH STREET  
PANAMA CITY, FL 32401

SUBJECT: ANGEL 81 VAPES, LLC  
Ref. Number: L12000119212

We have received your document for ANGEL 81 VAPES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 712A00028182



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2012

TRISHA L. ANSHAW / ANGEL 81 VAPES, LLC  
259 W. 15TH STREET  
PANAMA CITY, FL 32401

SUBJECT: ANGEL 81 VAPES, LLC  
Ref. Number: L12000119212

We have received your document for ANGEL 81 VAPES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 712A00028182

COVER LETTER

Ms. Stacy

Please call me if you have any question.

Fariba Thank you

TO: Registration Section  
Division of Corporations

SUBJECT: Angel 81 Vapes, 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:

Trishaw Anshaw  
Name of Person

Angel 81 Vapes, LLC  
Firm/Company

259 W. 15th  
Address

Panama City, FL 32401  
City/State and Zip Code

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

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STATE TARIFF DISTRICT  
DIVISION OF CORPORATIONS  
2019 JAN 25 PM 12: 24

For further information concerning this matter, please call:

Fariba Byhardt at (850) 276-4507  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Angel 81 Vapes, 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 9-18-12 and assigned Florida document number L12000119212

This amendment is submitted to amend the following:

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

change address

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)

259 W. 15th St  
Panama City, FL 32404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Fariha Byhardt

New Registered Office Address:

4615 Meadow Street

*Enter Florida street address*

Panama City, Florida 32404  
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.*

Fariha Byhardt  
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

*\* Address change*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Trisha Anshaw	259 W. 15th St Panama City, FL 32401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Same <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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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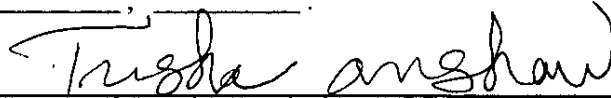
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CORPORATIONS

2013 JAN 25 PM 12: 24

Dated

1/10/13



Signature of a member or authorized representative of a member

Trisha Anshaw

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00