

L13000045449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

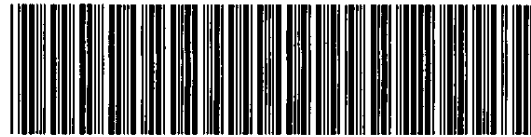
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NC
A

Office Use Only



400253556584

11/12/13--01025--018 **25.00

2013 NOV 20 AM 8:52
J. E. DISBERRY
EXAMINER

J. E. DISBERRY
EXAMINER

NOV 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jville Auto 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:

Zachary Wood
Name of Person

Jville Auto
Firm/Company

4462 River Trail RD
Address

Jacksonville FL 32277
City/State and Zip Code

Relaxecigs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zach Wood at (904) 868-4412
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 NOV 20 AM 8:52

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Juile Auto

(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 3-27-13 and assigned
Florida document number 413000045449.

This amendment is submitted to amend the following:

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

Relax ecigs LLC

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)

4462 River Trail RD

Jacksonville, FL 32277

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4462 River Trail RD

Jacksonville, FL 32277

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:

Zachary Wood

New Registered Office Address:

4462 River Trail RD

Enter Florida street address

Jacksonville

City

Florida

32277

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

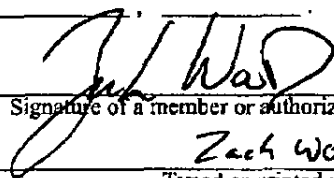
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bryan Blackwelder	4462 River Trail RD	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32277	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 11-20-13



Signature of a member or authorized representative of a member

Zach Wood

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 22 AM 10:07
2013 NOV 22 AM 10:07