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| (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: |





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J. SAULSBERRY EXAMINER MAY 23 2013

COVER LETTER

| | ion Section of Corporations | | | |
|-----------------------|--|--------------|----------|-----------|
| SUBJECT: | SMOKE SCIENCE, LLC | | | |
| SUBJECT. | Name of Limited Liability Company | | | |
| The enclosed Article | eles of Amendment and fee(s) are submitted for filing. | | | |
| Please return all cor | rrespondence concerning this matter to the following: | | | |
| | PETER WALSH | | | |
| | Name of Person | - | | |
| | Firm/Company | • | | |
| | 1312 58TH AVE N | - wa 1-1+ | 20 | |
| | Address | | 2013 MAY | ********* |
| | ST. PETERSBURG, FL. 33703 | | AY 21 | E:###** |
| | City/State and Zip Code PETE@SMOKESCIENCE.COM | | AM S: | |
| | E-mail address: (to be used for future annual report notification) | 19 P | 9: I 9 | **, * |
| For further informat | tion concerning this matter, please call: | \$- 1 | 9 | |
| PETER V | WALSH 727,4158033 | | | |
| Ne | fame of Person Area Code & Daytime Telephone Number | r | | |
| Enclosed is a check | s for the following amount: | | | |
| ■ \$25.00 Filing Fed | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy Ce | ite of Stati | | osed) |

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

| it now appears on our records.) ity Company) | ···· | |
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| | | |
| e filed on APRIL 15, 2013 | and ass | igned |
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| | company here: iability Company," the designation "l | company here: iability Company," the designation "LLC" or the analysis of the second |

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 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** Address **Type of Action** Name 1312 58TH AVE N **MGRM** CAPRICA VENTURES, LLC ST. PETERSBURG, FL. 33703 US Remove CAPRICA, LLC 1312 58TH AVE N MGRM ST. PETERSBURG, FL. 33703 US Remove Add' Remove Add Remove Add Remove

| If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| :d | , - |
| | Peta Wald |
| | Signature of a member or authorized representative of a member |
| | PETER WALSH |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

