

L13000054422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

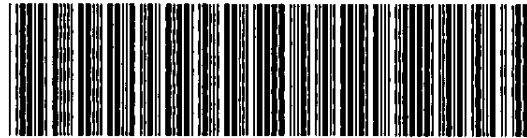
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KILLAMORE, ONTARIO

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J. SAULSBERRY
EXAMINER

MAY 23 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SMOKE SCIENCE, 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:

PETER WALSH

Name of Person

Firm/Company

1312 58TH AVE N

Address

ST. PETERSBURG, FL. 33703

City/State and Zip Code

PETE@SMOKESCIENCE.COM

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

For further information concerning this matter, please call:

PETER WALSH

Name of Person

at **727 4158033**

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

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TALLAHASSEE, FL
STATE
REGISTRATION

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	CAPRICA VENTURES, LLC	1312 58TH AVE N	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL. 33703 US	<input type="checkbox"/> Remove
MGRM	CAPRICA, LLC	1312 58TH AVE N	<input type="checkbox"/> Add
		ST. PETERSBURG, FL. 33703 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Dated _____, _____.

Peter Walsh

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

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9718 HALL ST STATE
WILKES-BARRE PA 18201