

L13 000057449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

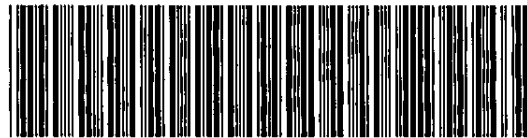
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500254595335

12/23/13--01003--013 **25.00

RECEIVED
13 DEC 23 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. G. Stevens DEC 30 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE VAPOR SHACK 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:

STEVEN GOMEZ

Name of Person

THE VAPOR SHACK LLC

Firm/Company

18901 SW 106 AVE SUITE A-115

Address

CUTLER BAY, FL 33157

City/State and Zip Code

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

For further information concerning this matter, please call:

STEVEN GOMEZ

Name of Person

786 316-8057

at ()

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**

THE VAPOR SHACK 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 04/19/2013 and assigned
Florida document number L13000057449.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

STEVEN GOMEZ

New Registered Office Address:

18901 SW 106 AVE SUITE A-115

Enter Florida street address

CUTLER BAY

City

, Florida 33157

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>
MGR	PAOLA ALONSO	18901 SW 106 AVE STE A-115	<input type="checkbox"/> Add
		CUTLER BAY, FL 33157	<input checked="" type="checkbox"/> Remove
MGR	STEVEN GOMEZ	8920 SW 170 ST	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33157	<input type="checkbox"/> Remove
MGR	SHEILA ANN GOMEZ	8920 SW 170 ST	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33157	<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

SECRET
TALLAHASSEE, FLORIDA
APR 11 5 10 PM '03

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

N/A

Dated

DEC 15, 2013.

Signature of a member or authorized representative of a member

STEVEN GOMEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
13 DEC 23 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA