

L130000088589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

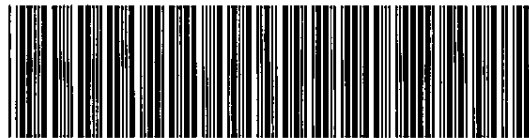
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 21 2013

T. BROWN

A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **THE VAPE GROUP 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:

SEAN ASHMORE

Name of Person

THE VAPE GROUP LLC

Firm/Company

8192 CABIN LAKE CIR. #107

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

thevapegroup@gmail.com

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

For further information concerning this matter, please call:

SEAN ASHMORE

Name of Person

at (**904**) **535-0347**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE VAPE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 19, 2013 and assigned Florida document number L13000088589.

This amendment is submitted to amend the following:

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

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)

2435 S. 3RD ST.
JACKSONVILLE BEACH, FL 32250

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

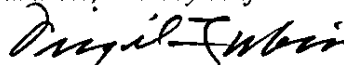
2435 S. 3RD ST.
JACKSONVILLE BEACH, FL 32250

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:

<u>Name of New Registered Agent:</u>	<u>VIRGIL ZUBIA</u>
<u>New Registered Office Address:</u>	<u>2435 S. 3RD ST.</u>
	<i>Enter Florida street address</i>
	<u>JACKSONVILLE BEACH</u> , Florida <u>32250</u>
	<i>City</i> <i>Zip Code</i>

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	ADRIANO, CHRISTOPHER N	6680 BENNET CREEK DR. APT# 326	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
MGRM	FLAGOR, DEVIN J	2435 S. 3RD ST.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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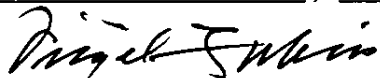
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please amend MGRMs Sean Ashmore and Virgil Zubia's addresses to:

2435 S. 3RD ST.

JACKSONVILLE BEACH, FL 32250

Dated NOVEMBER 10, 2013



Signature of a member or authorized representative of a member

VIRGIL D. ZUBIA

Typed or printed name of signee

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Filing Fee: \$25.00