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COVER LETTER

| 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: | |
| Devin Flagor Name of Person | |
| The Verpe Group LLC Firm/Company | |
| 17037 Dalmation Ln. W. Address | |
| Devin Flagor @ Yarhoo. Con (Only for His Denial address: (to be used for future annual report notification) | |
| Devin Flagor @ Yarhoo Con (only for His D) E-mail address: (to be used for future annual report notification) | ocument) |
| For further information concerning this matter, please call: | |
| Dwin Flagor at (904) 894-5569 Name of Person Area Code Daytime Telephone Number | |
| (additional copy is enclosed) Certified | te of Status & |

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 Groun LLC (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on o | ur records.) |
|---|----------------------------|--|
| The Articles of Organization for this Limited Liability Company | were filed on 06/ | 19/2013 and assigned |
| Florida document number 46-3045041 L | 13000088 | 589 |
| This amendment is submitted to amend the following: | | ſ |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designat | tion "LLC" or the athreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ···· | T CR CE |
| (Principal office address MUST BE A STREET ADDRESS) | | 22 |
| | | THE ST. F. ST. F |
| | | FLOR |
| Enter new mailing address, if applicable: | | 25 S |
| (Mailing address MAY BE A POST OFFICE BOX) | | > |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| <u>-</u> | Enter Florida str | eet address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |

If Changing Registered Agent, Signature of New 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---|---|
| Title | Name | Address | Type of Action |
| <u>MGRM</u> | Devin Flagor | 2435 3RD St S. | Add |
| | _ | 2435 3RD St S. Jacksonville Beach FL 32250 | DR Remove |
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| fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the | e must be specific and c his block does not me | cannot be prior to date eet the applicable s | | | ing.) Pursuant to 605.020 |
| | | ite, but not an | effective time, | at 12:01 a.n | |
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| he 90th day after the | _18 | 2015 | | | JUN 22 LAHASS |
| record specifies a dela The 90th day after the Ited | | · ll | representative of a m | nember | 学市 差 |

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Filing Fee: \$25.00