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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vapor Time 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:
Robert A. Similuk Name of Person
Firm/Company
17222 Panama City Beach Pkwy
Panama City Beach FL 32413 City/State and Zip Code Vapor time och @ yahoo.com E-mail address: (to be used for future annual report notification)
Vapor time och @ yahoo.com E-mail address: (to blused for future annual report notification)
For further information concerning this matter, please call:
Robert A Similuk at (850) 249-8872 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee ★ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

•	OF ORGANIZATION OF 2016
Vapor Time LL (Name of the Limited Liability) (A Florida L	OF ORGANIZATION OF Company as it now appears on our records. ALLAMASSIE STATE ORGANIZATION Company as it now appears on our records. ALLAMASSIE STATE ORGANIZATION Company as it now appears on our records. ALLAMASSIE STATE ORGANIZATION Company as it now appears on our records. ALLAMASSIE STATE ORGANIZATION Company as it now appears on our records. ALLAMASSIE STATE ORGANIZATION
The Articles of Organization for this Limited Liability Cor	mpany were filed on Avg 26, 2013 and assigned
Florida document number L 13000114063	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	55) Panema City Boh Pkwy SS) Panema City Beach FL 32413
(<u>Principal office address MUST BE A STREET ADDRE</u>	ssi Panema City Beach FL 32413
Enter new mailing address, if applicable:	17772 Panama: City Beach Puwa
(Mailing address MAY BE A POST OFFICE BOX)	17222 Panama City Beach Pkwy Panama City Beach FL 32413
2	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address: 172	22 Panama City Beach PKuy Enter Florida street address
Paner	na City Beach, Florida 32413 City 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage	, enter the title.	, name, and	address of each	person	being added
or removed from our records:	<u> </u>				

MGR = M AMBR = A	anager uthorized Member	
<u>Title</u>	Name	Address Type of Action
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		Southport FL 32409 Remove
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ective date, if other than the date of f effective date is listed, the date must be specific	iling: JAN 12	te of filing or more than 96	(optional)	ant to 605 020
e: If the date inserted in this block does r	not meet the applicable s	statutory filing requirer	nents, this date will no	ot be listed a
ument's effective date on the Department	of State's records.			
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ecord specifies a delayed effective he 90th day after the record is file.	ed.	enective time, at	12:01 a.m. on th	e earlier (
ed / • / 9	_, 2016 .			
	of a member or authorized			
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Filing Fee: \$25.00