

L13 000 117654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

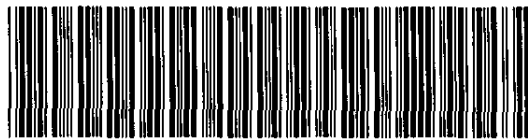
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500253651105

11/15/13--01001--023 \*\*25.00

RECEIVED  
NOV 14 2013  
10:00 AM  
SOUTH FLORIDA  
DEPT. OF REVENUE

2013 NOV 14 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV 14 PM 4:30

NOV 14 2013

T CLINE

APPROVED  
AND  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I Vape of Wakulla LLC  
pany

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vito Knowles  
Name of Person

Firm/Company

5113-4 Capital Circle SW  
Address

Tallahassee FL 32305  
City/State and Zip Code

Vito Knowles20@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vito Knowles at (850) 544 9358  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

13 NOV 14 PM 1:30

APPROVED  
11/13/14

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

I Vape of Wakulla 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 8-20-13 and assigned  
Florida document number L13000117654.

This amendment is submitted to amend the following:

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

Vito's Vapes & More LLC

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)

5113-4 Capital Circle SW  
Tallahassee FL 32305

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 2091 Crawfordville  
FL 32326

**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:

New Registered Office Address:

5113-4 Capital Circle SW

Enter Florida street address

Tallahassee

City

Florida

32305  
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>
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 NOV 14 PM 4:31  
 TALLAHASSEE, FLORIDA  
 STATE  
 DEPT OF REVENUE  
 2014

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

---

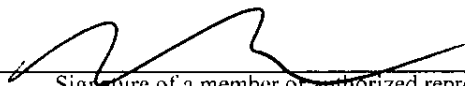
---

---

---

---

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

*Vito Knowles*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV 14 PM 4:31

APPROVED  
FILED