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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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OCT 3:1 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Section
Division of Corporations

International Vapor 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:

Christopher A. Baros

Name of Person

International Vapor LLC

Firm/Company

18919 ne 5th ave

Address

Miami FI 33179

City/State and Zip Code

VaporApes@gmail.com

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

For further information concerning this matter, please call:

Christopher A. Baros

<sub>41,786</sub> 5663843

Name of Person

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

International Vapor LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liabil	lity Company were filed on August 19, 20	)13 and assigned
Florida document number L13000117688		
		· ·
This amendment is submitted to amend the following	ng:	201 TAI
	-	
A. If amending name, enter the new name of the	e limited liability company here:	FIL 2013 OCT 30 SECRETARY
The new name must be distinguishable and end with th	e words "Limited Liability Company," the desig	nation "DLE" or the abbreviation
"L.L.C."		FLOG SIV
Enter new principal offices address, if applicable	e:	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<i></i>	
muning dualess MAT DE ATOST OF THEE BOX		
B. If amending the registered agent and/or i	registered office address on our records,	enter the name of the new
registered agent and/or the new registered office		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		orida Zip Code
	City	zip Coae

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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GEOVANNI FUENTES	1965 NW 183 TER	<b>✓</b> Add
		PEMBROKE PINES FL 33029	Remove
MGR	CHARLES LILLIS	234 NE 14TH AVE	
		POMPANO BEACH FL 33060	Remove
			_
			Add
			Remove
		TALLAR	Add T
		ASSEE. FL	Remove
		ORIO P	T STATE Add
			Remove
			- Add
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ed October 1, 2013.
	Mi Alber
	Signature of a member or authorized representative of a member
	CHRISTOPHER A. BAROS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 OCT 3.D PM 2: OC
SECRETARY OF STATE