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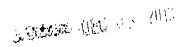
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corpora	tions		• · · · · · · · · · · · · · · · · · · ·
SUBJECT:	Basic	Vapes LLC d Liability Company	
	Name of Limited	d Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.	
Please return all corresponder	ce concerning this matter to	the following:	
_	Chr	is topher Vasilaki	<u>S</u>
_		Firm/Company	
-	4046	N Goldensod Rd Address	Sute 201
_	Winter	Park, FL 32746 City/State and Zip Code	2
-	Chri	's Vas@9 mail. Com be used for Mure annual report notification	
For Comban in Formacian against			on)
For further information conce			
Chris Vasil Name of Per	aki's son	at ( <u>\$50</u> ) 320 - 1/6/ Area Code & Daytime Te	lephone Number
Enclosed is a check for the fo	llowing 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

Basic Vapes	LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records	.)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	9/9/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite	Vaporize	ers, LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Comp	any," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	No	Change	
(Principal office address MUST BE A STREET ADDRESS)		Change	
Enter new mailing address, if applicable:	_No_	Change	() () () ()
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	3 4.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	No C	lange	
New Registered Office Address:			
	$E_{i}$	nter Florida stree	t address
		, Florid	aZip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl			

If Changing Registered Agent, Signature of New Registered Agent

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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Address</u> Type of Action Title <u>Name</u> No Change Remove Remove Remove Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
ed	12/2/13
	Signature of a member or authorized representative of a member
	Christipher S Vasilakis Typed or printed name of signee
	' Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00