2/3000/a79//

(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:
OCT 3 0 2013
A. LUNT

Office Use Only



000252102610

TULLAHASSEEL ELDAR

13 OCT 29 PM 2: 08



IUN SERVICE CU	MFANI						
	ACCOUNT NO.	:	120000001	95			
	REFERENCE	:	825593	7955356			
	AUTHORIZATION	:	Inveloped	enen	,		
	COST LIMIT	:	\$ (25.00				
ORDER DATI	E : September 27, 201	3					
ORDER TIME	E : 1:01 PM						
ORDER NO.	: 825593-011						
CUSTOMER 1	NO: 7955356					2013 (
	DOMESTIC AM	END	MENT FILING		.405 	29	
						到 三	
NAN	ME: ELEGANT VAPOR,	LL	C		景高	(1)	
EFF	ECTIVE DATE:						
XX ART	ICLES OF AMENDMENT						
REST	TATED ARTICLES OF INCO	RPO:	RATION				
PLEASE RET	TURN THE FOLLOWING AS :	PRO	OF OF FILING	3 :			
	ERTIFIED COPY						
	LAIN STAMPED COPY ERTIFICATE OF GOOD STA	NDI:	NG				
COMMA CONTRA	PDCON. Cugic Voicht		VTH FOOLS				
CONTACT PR	ERSON: Susie Knight -						
]	LXA	MINER'S INI'	FIALS:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEGANI	VAPOR, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000127911</u> .	were filed on09/10/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "L	<u> </u> - ∴ 33	
Enter new principal offices address, if applicable:	5036 DR. PHILLIPS BLVD STE 169		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	29	
		## E	
Enter new mailing address, if applicable:	5036 DR. PHILLIPS BLVD STE 169		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32819		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ne name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addr	ess	
	, Florida		
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Add Remove
			Remove
			Add
			Remove
			Remove
			Add
			Remove

. If ar	mending any	other informatio	n, enter change(s) here: (A	ttach additional sheets, if necessary.)
				······································
				
	<u> </u>	<u></u>	····	
		······································		
		01	2013	
ited _	<u>UCT.</u>			
		Signat	ure of a member or authorized	representative of a member
			CHRISTOPHER S. LU	
	·	 	Typed or printed nam	e of signee

Page 3 of 3

Filing Fee: \$25.00