L13000133640

(Requestor's Name)
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PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
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COVER LETTER

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TO: Registration Se Division of Cor	
Vapor SosuBJECT:	mart, LLC
	Name of Limited Liability Company
Γhe enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Andrew J. Patricio
	Name of Person
	Vapor Smart, LLC
	Firm/Company
	1320 Stirling Road, 6B
	Address
	Dania Beach FL 33004
	City/State and Zip Code
	bill@vapor-smart.com
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Andrew J. Patricio	786 554-6338
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vapor Smart, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000133640</u> .	were filed on 09-23-2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1320 Stirling Road 6B	SI SIVIO
(Principal office address MUST BE A STREET ADDRESS)	Dania Beach,Fl 33004	DEC DEC
•		5
Enter new mailing address, if applicable:		PH 4:
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	·	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove

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e date, if other than the date of fili	ing: (optional) date of receipt or filed date and cannot be more than 90 days after
his document is filed by the Florida Departm	nent of State)
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And	1/1/1/10

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Filing Fee: \$25.00