

Oct. 16. 2013 4PMns

L13000/41396

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000230218 3)))



H130002302183ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FRANK GUTTA CPA PA
Account Number : Y19990000055
Phone : (954) 452-8813
Fax Number : (954) 452-8359

P

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 16 AM 8:05

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Cg.iberl@gutthashart.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VAPOR LIFE 4, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT 16 AM 8:00

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

Oct. 16. 2013 3:24PM
H130002302183

No. 3127 P. 2/4
FILED

2013 OCT 16 AM 8:05

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Vapor Life 4, 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 October 7, 2013 and assigned
Florida document number L13000141398

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Chris Dofort

New Registered Office Address:

3115 Maple Lane

Enter Florida street address

Davie

City

Florida

33328

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

H130002302183

Oct. 16, 2013 3:24PM
H130002302-183

No. 3127 P. 3/4

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

Title	Name	Address	Type of Action
MGRM	Shaun Gutta	100 Nighthawk Ave. Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Richard Delisser	100 Nighthawk Ave. Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christopher Dafort	3115 maple lane, Davie, FL, 33328	<input checked="" 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

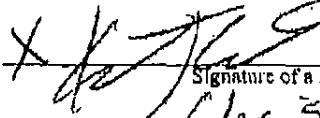
H130002302183

Oct. 16, 2013 3:25PM
H130002302183

No. 3127—P. 4/4—

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

Dated October 15, 2013



Signature of a member or authorized representative of a member
Chris Dafort

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 16 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H130002302183