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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Vero Vapor	Downtown LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Shaughn Koukos			
			Name of Person		
		Vero Vapor Downtown LL	С		
			Firm/Company		
		1525 20th st			
			Address		
		vero beach, fl 32960			
			City/State and Zip Code		
		shaughnkoukos@hotmail.co	om to be used for future annual report notific	cation)	
For further in	nformation co	ncerning this matter, please co	·		
Shaughn Kor	ukos		772 696-0441 at ()		
	Name of	Person	Area Code Daytime	Telephone Number TALLAH	71
Enclosed is a	check for the	following amount:		B 2	-
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

Vero Vapor Downtown LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Dec 10th, 2013	and assigned
Florida document number L13000170672	·	
This amendment is submitted to amend the following:	;	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The Veil LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
THE TAXABLE PARTY OF THE PARTY	Enter Florida street address	
	, Florida	The D
New Registered Agent's Signature, if changing Registe	•	T型Codeco
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, and I am j l agent as provided for in Chapter 605, F.S. Or, ered office address, I hereby confirm that the lir	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Justina Gioia	1596 33rd ave vero beach, fl 32960	■ Add
			☐ Remove
			□ Change
		-	Add
			☐ Remove
			□ Change
			Add
			□ Remove
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