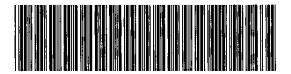
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SECRETARY OF STATE
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J. Shivers OCT 2.9 28161

400 to 20 VAPO Par Bros LLC 12041 ReacH BLUD #16 JACKSONOILLU FL' 32246 (904)619-9427 Begistration Section D, 8 of corporation P.O. BY 6327 Dollahasse De 32314 Re! admendant to Remove Brian Draught Dear Repusetative as endosed on the downstry anneamet to remove Brian Drought from the patraship of VAPO Par Bros Lic. This is also to State Brian Drought "Isnows of (B) This is to file my statement 605.0114 Owne: Exustin Drought Owner: Bobut Ochon

COVER LETTER

Division of Corporations
SUBJECT: VAPEPENBROS, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERNESTINE DROUGHT Name of Person
VAPEPENBROS LLC
Firm/Company
12041 BRACH BLUD #16
Address
JACKSONVILLE FL 3 2246 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERNESTINE DROUGHT at 90+ 619-9437 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \$\text{\$\text{G}\$ \$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\$\text{\$\$\text{\$\tex

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

TO ARTICLES OF ORGANIZATION

VAPEPEN BROSL	لـ د ــ		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company w Florida document number 79605.	vere filed on O2/26/201	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
D			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered offire registered agent and/or the new registered office address here:		r the name of the	e new
Name of New Projectional Account.			
Name of New Registered Agent:		SS SS	-
New Registered Office Address:	Enter Florida street address		}
		E SIN	•
- San Artist Agencia	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		<i>3≯</i>	

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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	1 ype of Action
SHARE HOLDER	BRIAN U. DROUGHT	Neprune Beach, FL32266	🗀 Add
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e effecti e date ti	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00

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