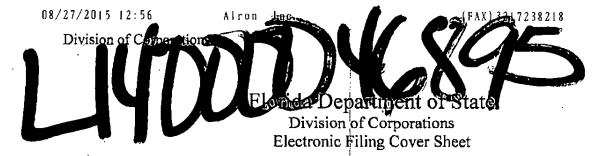
Page 1 of 2.



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

From:

Account Name : SHANE M. SMITH, P.A.

Account Number : 120140000004 Phone

: (321)724-1919

Fax Number

: (321)723-8218

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE VAPOR DEN LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THE VAPOR DEN	LLC		ļ
(Name of the Lim	ited Liability Compan (A Florida Limited L	iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Included In	iability Company	were filed on3/20/	2014	and assigned
This amendment is submitted to amend the fol	lowing:			1
A. If amending name, enter the new name of	of the limited liabi	lity company here:		·   
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:			<u>;</u>
Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
<i>,</i>	<u>:</u>			
Enter new mailing address, if applicable:			Ti <sup>2</sup> ge	动
Mailing address MAY BE A POST OFFICE	BOX)			
			2. [ 6 ] 	5
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<ol> <li>If amending the registered agent and registered agent and/or the new registered or</li> </ol>			r records, enter the	
				5 G
Name of New Registered Agent:	JOHN EDWAR	DS	<u> </u>	
New Registered Office Address:	1877 SOUTH PA	ATRICK DR		
	:	Enter Florida si	treet address	
•	INDIAN HARB		, Florida	
		City	Zi	p Code
New Registered Agent's Signature, if changing				
hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as pr registered office a	performance of my a rovided for in Chap	duties, and I am famil eter 605, F.S. Or, if the	iar with and is document is
	_;_	John & Edwa	nels	
	If Chang	ing Registered Agent,	Signature of New Register	ed Agent

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WELLS, RICHARD B	3378 CUTTY SARK WAY	
		INDIALANTIC, FL 32903	■ Remove
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