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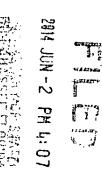
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PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		



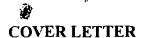


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JUN 0.5. 2014 D. BRUCE



TO:

Registration Section Division of Corporations

VAPOR DELIGHTS LLC

SUBJECT:

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:

LINDA MACLEOD

Name of Person

VAPOR DELIGHTS LLC

Firm/Company

114 S SEMORAN BLVD

Address

ORLANDO, FL 32807

City/State and Zip Code

INFO@MACLEODWEBDESIGN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA MACLEOD

954 608-8008

Name of Person

Area Code

Dassine Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee,
Certificate of Status & Certified Copy (additional copy)

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

VAPOR DELIGHTS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000052996</u>	
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:	114 S SEMORAN BLVD
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32807
Enter new mailing address, if applicable:	114 S SEMORAN BLVD
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32807
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	22
	Enter Floridu street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code 1
I hereby accept the appointment as registered agent and agra-	والموالية الموالية ا
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and performance of my duties, and I am familiar with and performent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	Add
			□ Remove
			Add
		 	□ Remove
			Remove
			Add
	•		Remove PH 4: 07
		-	
			Remove

D. If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
 Effective date, if other than the date of (The effective date must be specific, cannot be price) 	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Dep	partment of State)
Dated MAY 29	2014
- Lind Mac	Luel
Signatur	re of a member or authorized representative of a member
LINDA MACLEO)D
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

