## 1140000 75603

(Re	equestor's Name)	
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	GOLD COA	AST VAPOR LLC	
<u>-</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		BENJAMIN GARCIA	:
		Name of Person	
	•	GOLD COAST VAPOR LLC	
		Firm/Company	<del></del>
		908 NE 2ND STREET	
	<del> </del>	Address	
		HALLANDALE, FL 33009	
		City/State and Zip Code	
		ben@kingscrest.com	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
	in Garcia	305 343-8744 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sectorial Division of Corporate Centre of Tactorial N. Monroe	orations
•		Tallahassee, FL	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD COAST VAPOI	R LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)	<del></del>
(A Florida Limited Liability	Company)	
he Articles of Organization for this Limited Liability Company were f	iled on 05/09/2014	and assigned
orida document number <u>L14000075603</u>		
orida document number		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	ompany here:	
e new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "L.LC" or the ab	reviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
	<del>-</del>	
nter new mailing address, if applicable:		201
		- 6
Aailing address MAY BE A POST OFFICE BOX	<u> </u>	
<u></u>		70
	5	·
If amending the registered agent and/or registered office addres	s on our records, enter the nam	of the new regs
ent and/or the new registered office address here:	ي	ω ( )
	É	
Name of New Registered Agent:	1.	
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	Florida	
Ci	<del></del>	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 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

or remove	d from our records:				
	MGR = Manager AMBR = Authorized Member				
Title	Name	Address	Type of Action		
MGR	MANUEL ECHEVERRIA	908 NE 2ND ST.HALLANDALE BEACH, FL 33000	) □Add		
			<b>=</b> Remove		
			_ Change		
MGR	BRANDON HICKERSON	908 NE 2ND ST.HALLANDALE BEACH, FL 33000	) ≣Add		
			□Remove		
			_ Change		
			□Add		
			□Remove		
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	<del></del> -		_ 🗆 Add		
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			_ □Remove		

\_ Change

	-	information, enter change(s) here: (Attach additional sheets, ifnecessary.)
— A		IAN - NEW ADDRESS IS: 908 NE 2ND ST.HALLANDALE BEACH, FL 33009
_		
_		
_		
_		
_		
_		
. Effectiv	e date, if other t	han the date of filing: 03/25/2020 (optional)
Note: If	the date inserted i	ne date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
the record cord is file	specifies a delaye d.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	MARCH 25	2020
באופט _		
	-··	Signature of a member or authorized representative of a member
		BENJAMIN GARCIA  Typed or printed name of signee

Filing Fee: \$25.00