

L14000084695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JUL 11 PM 12:00

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ADVANCED VAPOR HOLDINGS, 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:

CLAY C SCHUETT

Name of Person

SCHUETT LAW GROUP

Firm/Company

8200- 113TH STREET, SUITE 101

Address

SEMINOLE, FL 33772

City/State and Zip Code

JASON.MANATON@GMAIL.COM

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

2014 JUN 11 PM 12:00
CLAY C SCHUETT
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

DENNIS THOMAS

Name of Person

at **727** **398-2080**

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

ADVANCED VAPOR HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 27, 2014 and assigned Florida document number L14000084695.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

90 MPH HOLDINGS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4514 La Capri Court

Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
City 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

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:

MGR = Manager

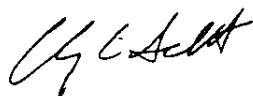
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAY MAN HOLDINGS, LLC	4514 La Capri Court Tampa, FL 33611	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	PEEPLS DIAMONDS & CO, LLC	20323 Starfinder Way Tampa, FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	MARKETING ONLY, LLC	2903 Bradley Court New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	EMPIRE STRIKE, LLC	4320 - 24th Avenue N St Petersburg, FL 33713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: July 7, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 7, 2014



Signature of a member or authorized representative of a member

Clay C Schuett

Typed or printed name of signee

FILED
2014 JUL 11 PM 12:00
CLAY C SCHUETT