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COVER LETTER

Division of Corp		·	
Wicked Vap	or, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Afexis Alvarez		
		Name of Person	
	Wicked Vapor, LLC		
		Firm/Company	
	16268 SW 18th St		
		Address	
	Miramar, FL 33027		
		City/State and Zip Code	
	Name of Person Wicked Vapor. LLE Firm/Company 16268 SW 18th St Address Miramar, FL 33027 City/State and Zip Code allvarez@regis.edu E-mail address: (to be used for future annual report notification) Incerning this matter, please call: 720 470-2044 Person Area Code Daytime Telephone Number		
For further information co	·	·	Canon,
Alexis Alvarez			
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy ***********************************	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Wicked Vapor, LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited L	• •	May 29, 2014	_ and assigned
lorida document numberL14000080			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name (of the limited liability company l	<u>1ere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			The second secon
			6
nter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		رن	
. If amending the registered agent and egistered agent and/or the new registered o		n our records, entereth	e name of the r
Name of New Registered Agent:	Alexis Aivarez		
New Registered Office Address:	8150 SW 8th Street # 123		
	Enter Fi	orida street address	
	Miami	· . Florida ³³¹⁴	4
	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 additions. I hereby confirm that the limited liability company has been notified in writing of this change.

f Changing Registered Agent, Signature of New Registered 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
AMBR	Alexis Alvarez	16268 SW 18th St Miramar, FL 331	
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ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the I	lock does not meet the	applicable statutor	g or more than 90 days a y filing requirements.	otional) fter filing.) Pursuar this date will not	nt to 605.02 be listed (
e record specifies a delaye The 90th day after the rec	d effective date, but ord is filed.	ut not an effect	tive time, at 12:0	1 a.m. on the	earlier (
July 1st	, 2016	·			
:	Signature of a member of	r authorized represen	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00