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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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04/27/18--01013--002 **25.00



COVER LETTER

TO:	Registration Sec Division of Cor			
		VAPORS, LLC		
SUBJ	ECT:		ited Liability Company	
The er	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ELISHA HALL		
			Name of Person	A
		 	Firm/Company	
		1045 GREEN RD		
			Address	
		ROCKLEDGE, FL 32955		
		ELISHA1015@HOTMAIL		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please c	all:	
ELISI	HA HALL		321 591-5613 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 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

FREEDOM VAPORS, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000087742	pility Company were filed on 5/23/14	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
ROCKET CITY VAPORS, LLC		
The new name must be distinguishable and contain the word	ds "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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
registered agent and/or the new registered office	registered office address on our records, <u>ente</u> ce <u>address here</u> :	r the new LAHE APR 2
Name of New Registered Agent:		SHE
New Registered Office Address:		- 3 m
	Enter Florida street address	LOSA D
	, Florida _	Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	Effective date, if other that if an effective date is listed, the dependent of the date inserted in		t moot are approa	ioto biacatory ming	,		
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Filing Fee: \$25.00