

241000132141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

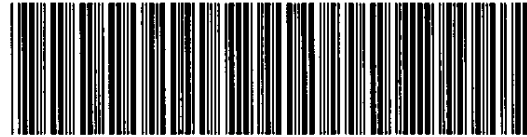
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265716380

10/27/14--01031--017 **25.00

FILED

2014 OCT 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELiquid Lounge 3
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:

Chris Grushin
Name of Person
Enriched Nutrients LLC
Firm/Company
4905 34th St S Ste 255
Address
St Petersburg, FL 33711
City/State and Zip Code
cgrushin@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2014 OCT 27 PM 1:58
TALLAHASSEE, FLORIDA
CLERK OF COURT

For further information concerning this matter, please call:

Justin Nichols
Grades
Name of Person
at (727) 433 4534
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**

Eliquid Lounge 3 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 8/9/14 and assigned Florida document number 14000122191.

This amendment is submitted to amend the following:

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

One Stop eliquid 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)

4905 34th St
St 255
St Petersburg, FL 33711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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

City

, Florida

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>
MGR	Chris Givskim	4905 34th St, St Pete, FL 33714	<input checked="" type="checkbox"/> Add
		6210 44th St N St Petersburg	<input checked="" type="checkbox"/> Remove
		Pinellas Park, FL 33781	
AMBR	Justin Nichols	4905 34th St, St Pete, FL 33714	<input checked="" type="checkbox"/> Add
		6210 44th St N Pinellas Park FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

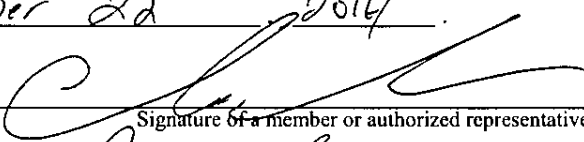
FILED
 20 OCT 27 PM 1:55
 CLERK OF STATE
 PALM BEACH COUNTY
 FLORIDA

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: _____ (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 October 22, 2014



Signature of a member or authorized representative of a member
Chris Gonsky

Typed or printed name of signee