

L14000137457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

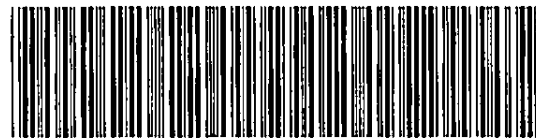
(Business Entity Name)

(Document Number)

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FILED  
OCT 13 2017

D. SCOTT  
OCT 13 2017

**ALL ACCESS VAPOR LLC  
1900 LAND O LAKES BLVD  
Suite 107  
Lutz, FL 33549**

To: Florida Department of State  
From: Michael MacArthur  
Date: October 9, 2017  
Re: Amendment to Articles of Organization

This is the cover letter you requested to amend the Articles of Organization of a Florida Limited Liability Company. The return address is above and my daytime phone number is (813) 949-6700. Enclosed is a check in the amount of \$25.00 for filing fee.

Thank you for assisting me with this amendment.

Encl: Articles of Amendment (4 pages)  
Check for \$25.00 payable to Florida Department of State

ALL ACCESS VAPOR LLC  
1900 LAND O LAKES BLVD  
SUITE 107  
LUTZ, FL 33549  
OCT 12 2 03 PM  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL ACCESS VAPOR, 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:

MICHAEL MACARTHUR  
Name of Person

ALL ACCESS VAPOR, LLC  
Firm/Company

1900 LAND O LAKES BLVD STE 107  
Address

LUTZ, FL 33549  
City/State and Zip Code

MIKEMACVW@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MACARTHUR at 727 858-2029  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2017 OCT 12 P 3:03  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALL ACCESS VAPOR, 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 9/3/2014 and assigned  
Florida document number L14000137457.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 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

Title	Name	Address	Type of Action
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MGR	DADE, MICHAEL	1900 LANDOLAKES BLVD. STE 107 LUTZ, FL 33549	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	MACARTHUR, DANIEL	1900 LANDOLAKES BLVD STE 107 LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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2010 OCT 07 PM 3:03  
TALLAHASSEE, FLORIDA

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

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2017 OCT 12 P 3:03  
TALLAHASSEE, FLORIDA  
(Signal)

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 9, 2017.

MR MacArthur

MICHAEL R. MACARTHUR

Typed or printed name of signee