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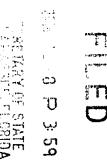
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## **COVER LETTER**

	Registration Division of C					
CLID IC	Vapor Ba	ıy, LLC				
SUBJEC	JI:	Name of Lim	ited Liability Company			
The encl	osed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all corres	pondence concerning this matter	to the following:			
		Thomas J. LaVanway				
			Name of Person			
		Modo Vapor, LLC				
			Firm/Company			
768 Wiggins Lake Drive, Suite 201						
			Address			
		Naples, FL 34110				
		City/State and Zip Code				
		modovaporusa@gmail.com				
		E-mail address: (	to be used for future annual report notif	fication)		
For furth	er information	n concerning this matter, please ca	ali:			
Thomas	J. LaVanway		231 633-0707 at ()			
	Nam	e of Person	Area Code Daytime	e Telephone Number		
Enclosed	l is a check for	r the following amount:				
<b>\$25.</b>	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

VAPOR BAY, 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 11/04/2014 and assigned Florida document number L14000171906 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MODO VAPOR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3921 Palm Beach BLVD Enter new principal offices address, if applicable: Fort Myers, FL 33916 (Principal office address MUST BE A STREET ADDRESS) 768 Wiggins Lake Drive Enter new mailing address, if applicable: Suite 201 (Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34110 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 addres Örni Örni

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
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			O Add
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			_ Change
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			_□ Remove
			_ Change
			_□ Add
			Remove
		7.07.0	Change
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			Character

vapor Bay, LLC request tha	at it's name be changed to Modo V	apor, LLC		
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fective date is listed, the date mu	ast be specific and cannot be prior to da		lays after filing.) l	
	block does not meet the applicable Department of State's records.	statutory filing requireme	ents, this date w	rill not be liste
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90th day after the rec		·		
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July 15th	<u> </u>			
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July 15th	Signature of a member or authorize	d representative of a mombe	1,5 <u> </u>	13 4
July 15th	Signature of a member or authorized	d representative of a member		
Thomas J. LaVanway	Signature of a member or authorized	d representative of a member	1,5 <u> </u>	

Filing Fee: \$25.00