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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

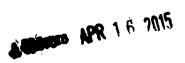
Office Use Only



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COVER LETTER TO: Registration Section **Division of Corporations** THE VAPESPOT LLC SUBJECT: 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: ROQUE MUNOZ Name of Person THE VAPESPOT LLC Firm/Company 248 NW 42 AVE Address MIAMI, FL 33126 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROQUE MUNOZ**

Name of Person

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

THE VAPESPOT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City		zip code	
	City	, Florida	Zip Code	
New Neglisteted Office / Nadiciss.	Enter Florida street address			
New Registered Office Address:				
Name of New Registered Agent:				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our ere:	records, <u>enter f</u>	ie name	of the n
	ee 11			C 41
			<u> </u>	le le constitution de la constit
(Mailing address MAY BE A POST OFFICE BOX)		y di s	<u> </u>	177
Enter new mailing address, if applicable:		ැදු. ලා	2기	16.74
		1971 1971 1932	AR.	LAKE TAL
		fro t) Gi	
(Principal office address MUST BE A STREET ADDRESS)		وشين موسوعة	'a	
Enter new principal offices address, if applicable:				
The new name must be distinguishable and end with the words "Limited Li	ability Company," the design	nation "LLC" or the abb	reviation "l	L.L.C."
STUTTGART SPECIALTY AUTO PARTS LLC				
A. If amending name, enter the new name of the limited lia	bility company here:			
This amendment is submitted to amend the following:				
Florida document number				
The Articles of Organization for this Limited Liability Compan Florida document number L15000014396	ly were med on		and ass	igned
The Articles of Organization for this Limited Liability Compan	w wara filed on JANUA	ARY 20, 2015	_ and ass	hami

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

Title	<u>Name</u>	Address	Type of Action
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D.	If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
۱ 4•	(The effecti	e date, if other than the date of filing:
	Dated <u>k</u>	3/24/2015
		Z A
		Signature of a member or authorized representative of a member
		ROQUE MUNOZ
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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