# 1500042303

(Re	questor's Name)	
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### **COVER LETTER**

TO: Registration S Division of Co				
Urban \	/apor Royal Palm Beach	, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jill DiSalvo			
		Name of Person		
	DiSalvo & Associate	s, PLLC		
		Firm/Company	इस ज	
	1760 N. Jog Road, S	Suite 150		Π
		Address	10.00	
	West Palm Beach, F	FL 33411	DCT 19 FW	
		City/State and Zip Code	STATE LURDI	
	jdisalvo@d-acpa.con	1 to be used for future annual report notifi		
For further information	concerning this matter, please c	·	cation)	
Jill DiSalvo		561 <u></u> 659-1177		
Name	of Person	at () 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

n Manar David Dalm Basah LLC

(Nome of the Limit			
(Name of the Limit	(A Florida Limit	mpany as it now appears on ou led Liability Company)	<u>ir recurus.</u> )
The Articles of Organization for this Limited Li Torida document number <u>L15000042303</u>	iability Compa	any were filed on March	8th, 2015 and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited l	iability company here:	
Jrban Vapor Wellington, LLC	, t		
The new name must be distinguishable and end with the	words "Limited I	Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS	Σ	
•			चूक् ज
Enter new mailing address, if applicable:		N/A	10000000000000000000000000000000000000
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
ı			202
•			0.0 qr
B. If amending the registered agent and	G		records, enter the name of the n
registered agent and/or the new registered of	nice address	<u>nere</u> :	
Name of New Registered Agent:	N/A	,	
New Registered Office Address:			
- "		Enter Florida str	eet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Urban Vapor LLC	4734 Okeechobee Blvd	□ Add
		West Palm Beach, FL 33417	■ Remove
			Change
AMBR	Urban Vapor Holdings, LLC	4734 Okeechobee Blvd	Add
		West Palm Beach, FL 33417	□ Remove
			Change
			Add
			Remove
			© Change
			Remove
		A./	☐ Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change

N/	A
effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
effecti date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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effecti date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
e effecti	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)  2015  2015

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Filing Fee: \$25.00

