L50001344

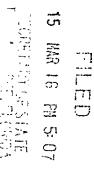
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





500270387725

03/16/15--01034--013 **25.00



APR 02 2015 S. YOUNG

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Three Wis	se Men, LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Brandon Roffe			
			Name of Person		
		Awesome Sauce LL	C		
			Firm/Company		
		3830 N. 39th Avenu	е	7.7. 5	
			Address	in i	
		Hollywood, FL 33021			
			City/State and Zip Code		
		broffe@gmail.com	1000	cation)	
			to be used for future annual report notifi	cation)	
For further in	nformation co	ncerning this matter, please c	all:		
Brandon	Roffe	<i>74</i>	954 668-5425		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	iling 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)	
	N 4 4 T T T T	NC ADDDDCC.	CTDCTT/COURT	OR ADDRESS.	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Three Wise Men, LLC (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L15000042344.	vere filed on 3/9/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Awesome Sauce Vape, LLC		
The new name must be distinguishable and end with the words "Limited Liabili	ty 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)		<u>'-)</u>
		<u> </u>
		ill on in
Enter new mailing address, if applicable:		1:20
(Mailing address MAY BE A POST OFFICE BOX)	3 117 17	्रा पूर्व
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	F . F	
	Enter Florida street address	
	, Flor	
	City	Zip Code

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

IGK = MBR =	Manager Authorized Member		
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Remove
			Remove
			र र
			ラ コ G Add
			□ Remove
			ST ST
			Add
			□ Remove
			□ Add
			☐ Remove
			CHIOVE
			Add

. If a mending a	ny other info	rmation, ente	er change(s) here: (Attack	h additional sheets, if i	necessary.)
• <u></u>		•			
Effective date,	, if other thar	the date of f	iling: to date of receipt or filed date an	(0	ptional)
(The effective date the date this docu	must be specific ment is filed by	e, cannot be prior t the Florida Depar	to date of receipt or filed date an- tment of State)	d cannot be more than 90 d	ays after
March	-	<u>.</u>	2015		
Dated		-f	·		
	134				
	-//	Signature	of a member or authorized repre	esentative of a member	
Bra	ındon Roffe	•			
			Typed or printed name of	signee	
					بير. الآن:
					2
					三三
					-
					1 1 miles
					<u> </u>

Page 3 of 3

Filing Fee: \$25.00