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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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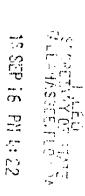
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SEP 1 9 2016 S. YOUNG



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	VAPE CENT Name of Limit	PAL 305, LLC ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Sc	Name of Person	
	VAPE	CENTRAL 305, U Firm/Company	
	500 S FEDE	RAL HWY SUT	
	HALLANDALE BE	EACH, FL 33009 City/State and Zip Code	22
	PAOLA @ \ E-mail address: (to	JAPE CENTRAL 305.	COM cation)
For further information co	oncerning this matter, please cal		
SCOTT GOL Name of	Person	at (305) 906 - 8 Area Code Daytime	32 3 Telephone Number
Enclosed is a check for th	ne 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

VAPE CENTRAL :	305, W	<u> </u>	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<mark>/ as it now appea</mark> ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 1500060890</u> .	vere filed on	04/07/2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company h	ere:	
VAPE CENTRAL GROUP, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the abbre	viation,"L.L.C."
Enter new principal offices address, if applicable:			23
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			P.)
B. If amending the registered agent and/or registered office address here:	ce address or	n our records, <u>enter th</u> e	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance oj ovided for in (f my duties, and I am fam Chapter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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Change

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			-	
Effective date, if other than the date of filing an effective date is listed, the date must be specific an effective date inserted in this block does not document's effective date on the Department of	nd cannot be prior to meet the applicab	date of filing or more the le statutory filing req	(optional) an 90 days after filing.) uirements, this date w	Pursuant to 605 020 vill not be listed a
e record specifies a delayed effective The 90th day after the record is filed	date, but not a	an effective time	, at 12:01 a.m. o	n the earlier o
Dated SEPTEMBER 14th	2016 7 Colum			
Signature of a	member or authoriz	zed representative of a	nember	

Page 3 of 3

Filing Fee: \$25.00