

**L1500020516597**

Division of Corporations  
Florida Department of State  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOVE VAPE JAX, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

RECEIVED

15 AUG 25 PM 1:33

FLORIDA DEPARTMENT OF STATE  
REGISTRATION AND LICENSING

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER****TO:** **Registration Section**  
**Division of Corporations****SUBJECT:** Love Vape Jax, LLCName 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:

**Cheyenne Moseley**Name of Person**Legalzoom.com, Inc.**Firm/Company**100 W. Broadway Suite 100**Address**Glendale, CA 91210**City/State and Zip Code**lovevapejax@gmail.com**E-mail address\* (to be used for future annual report notification)

For further information concerning this matter, please call:

**Imelda Vasquez**Name of Person 323 962-8600 ext 7950at ( Area Code)Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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**

**Love Vape Jax, 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 7/06/2015 and assigned Florida document number 115000116597

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:** 14180 Beach Blvd. #6  
**(Principal office address MUST BE A STREET ADDRESS)** Jacksonville, Florida 32246

**Enter new mailing address, if applicable:** 14180 Beach Blvd. #6  
**(Mailing address MAY BE A POST OFFICE BOX)** Jacksonville, Florida 32246

**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:** Timothy Chhem  
**New Registered Office Address:** 12044 EDDING CT.  
Enter Florida street address  
JACKSONVILLE, Florida 32246  
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.*

*Signature If Changing Registered Agent, Signature of New Registered Agent*

Page 1 of 3

15 AUG 25 AM 7:13  
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

Page 2 of 3

□ Add  
Remove  
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Dated August 30<sup>th</sup>, 2015

McLean

Signature of a member or authorized representative of a member

Michael Schhem

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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