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JAN 05 2016

J SHIVERS

COVER LETTER

TO: Registration Se Division of Con		a y to	• g
SUBJECT:	Cloud Saints	nited Liability Company	
	Name of Lin	inted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		* * ***	
	<u>Grego</u>	Name of Person	
	Cloud	Saints LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3423 13H	Address	
	Saint (City/State and Zip Code	9
	E-mail address: (Doints Vape Shoto be used for future authual report notification	OP @ G Meil. Com
For further information co	oncerning this matter, please ca	all:	
Gregory Name of	A Zigon Person	at (<u>407</u>) <u>201</u> Area Code Daytime	O2 // e Telephone Number
Enclosed is a check for th	e 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

11 C				
ny as it now appears on our records.) iability Company)				
were filed on Dec 21 2015 and assigned				
ty Company," the designation "LLC" or the abbreviation "L.L.C."				
3423 13th st.				
5+ cloud, F1 34769				
Enter new principal offices address, if applicable: 3423 /3+h 54.				
"				
Enter Florida street address				

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
MGR	Gregory Azigen	3339 5th 5t stcloud	Add
			□ Remove
			□ Change
			Add
			Remove
			□ Change
			□ Add
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Page 3 of 3

Filing Fee: \$25.00