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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGENDARY VAPES LLC.
Name 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:

TIMOTHY J. HEALY
Name of Person
LEGENDARY VAPES L.L.C
Firm/Company
3917 Ramiro STREET
Address
SEBRING, FL. 33872
City/State and Zip Code
timh1979@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY HEALY at (863) 458-9000
Name of Person 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**

LEGENDARY VAPES 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 12/30/15 and assigned Florida document number L15000213084.

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 contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

, Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
<u>V.P.</u>	<u>TIMOTHY J. HEALY</u>	<u>3917 3917 Ramiro ST.</u>	☐ Add
		<u>Sebring, Fl. 33872</u>	☒ Remove
			☐ Change
<u>V.P.</u>	<u>TIMOTHY J. HEALY</u>	<u>217 U.S. 27 SOUTH</u>	☐ Add
		<u>Sebring, Fl. 33870</u>	☒ Remove
			☐ Change
			☐ Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Jan. 21st, 2016

Trinity J. Healy
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Timothy J. Healy
Typed or printed name

Typed or printed name of signee