

L16000023864

(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:

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FILED

17 JAN 09 PM 3:45

DIVISION OF REVENUE

O SIMMONS

JAN 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2016

DAVID MADSEN
475 CATALINA AVE NW
PALM BAY, FL 32907

SUBJECT: DRIPPED OUT VAPERS, LLC
Ref. Number: L16000023864

RECEIVED
2017 JAN -9 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DRIPPED OUT VAPERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 816A00027096

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dripped Out Vapers, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Madsen

Name of Person

Dripped Out Vapers, LLC

Firm/Company

475 Catalina Ave NW

Address

Palm Bay, Florida 32907

City/State and Zip Code

jmadsen@fit.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Madsen

Name of Person

at (321) 298-7798

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Dripped Out Vapers, 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 February 3, 2016 and assigned Florida document number L160000238124.

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)

FILED
17 JAN 09 PM 3:45
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

David Madsen

New Registered Office Address:

475 Catedral Ave NW

Enter Florida street address

Palm Bay

City

Florida

32907

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.



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>
AMBR	Mason Crowe, JR	475 Catalina Ave NW	<input type="checkbox"/> Add
		Palm Bay, FL 32907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 JAN 9 PH 3:50
STATION 1-2

FILED

RECEIVED
JAN 11 1966

17 JAN -9 PM 3:50

1. DATE

2. TIME

3. LOCATION

4. DESCRIPTION

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 5, 2017

Paul Maskey

Signature of a member or authorized representative of a member

David Madsen

Typed or printed name of signee