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(Re	equestor's Name)	
(Ac	ddress)	
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, (Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER SEP 15

COVER LETTER

TO:	Registration Se Division of Cor			
OT TO E		Torida LLC	,	
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Justin Shach		
			Name of Person	
		Vape Star Florida LLC		
			Firm/Company	···
		1674 Wiltshire Village Dri	ive	
			Address	·
		Wellington, FL 33414		
			City/State and Zip Code	
		Tustia © E-mail address: (321 Charel com	cation)
For fur	rther information co	oncerning this matter, please ca	all:	
Justin	Shach		561 385-9901 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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 ARTICLES OF ORGANIZATION \mathbf{OF}

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- 02/2/	3
ALLAHASSE	< AM :
TEATHASSE	OF STATE

Vape Star Florida 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 June 24, 2016 and assigned Florida document number _____L16000121998 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Aromandi, Jr.	1610 18th Ave. N.	Add
		Lake Worth, FL 33460	Remove
			☐ Change
	<u> </u>		Add T
			Remove Change
			Add
			Remove
		****	Change
			
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Filing Fee: \$25.00