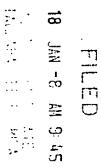


(Requestor's Name)
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COVER LETTER

	ation Sect i of Corpo			
The	e Vape Sho	op LLC		
	•	Name of Limi	ted Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all	correspond	dence concerning this matter	to the following:	
		Kenneth Hassell		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		The Vape Shop Company		
			Firm/Company	
		1348 Washington Avenue,	STE 212	
			Address	
		Miami Beach, FL 33139		
			City/State and Zip Code	
		khassell@gmail.com E-mail address: (0	to be used for future annual report notifi	cation)
For further inform	mation cor	ncerning this matter, please ca	all:	
Kenneth Hassell			888 222-0569 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a cho	eck for the	following amount:		
□ \$25.00 Filing	g Fec	□ \$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

The Vape Shop, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	on August 11, 2016 and assigned
Florida document number L16000150705	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
Urban Collectives, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· 🙃 👼
(Principal office address MUST BE A STREET ADDRESS)	- Tr
	· · · · · ·
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	_{:င} း- ယ်
The state of the s	÷ 5
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ress on our records, <u>enter the name of the r</u>
Name of New Registered Agent:	
New Registered Office Address:	
E	Inter Florida street address
	, Florida
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.

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			Remove
			Change
			Remove
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ctive date, if other than the date of filing:	onal)	40 60 60 000
If the date inserted in this block does not meet the applicable statutory filing requirements, this iment's effective date on the Department of State's records.	s date will no	ot be listed a
ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at $12:01$ and 90 th day after the record is filed.	a.m. on the	e earlier (
January 3 2018		

Page 3 of 3

Filing Fee: \$25.00