## LICC CICCIS

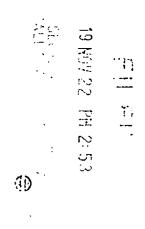
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T SCHENEDER

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divisio	n of Corp	porations		
VA		AZY E-CIGS & JUICES - LA	KELAND, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		AUNDRE SCOTT		
		MITRE ACCOUNTING &	Name of Person t TAX SERVICES, LLC.	<del></del>
		15701 SR 50, STE 202	Firm/Company	
		CLERMONT, FL 34711	Address	
		TAXES@MITREACCOUN		<del> </del>
For further infor	mation co	E-mail address: (	to be used for future annual report notifiall:	cation)
AUNDRE SCO	Т		352 242-9905	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a cho	ck for the	e following amount:		
S25.00 Filin	g 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)
	Registra	NG ADDRESS: ution Section of Corporations	STREET/COURIE Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi					
The Articles of Organization for this Limited L Florida document number L17000016078	iability Company	were filed on 01/20/2017	:	and assig	ined
This amendment is submitted to amend the following	ent is submitted to amend the following:  In g name, enter the new name of the limited liability company here:  Y E-CIGS & JUICES - HAINES CITY, LLC  ust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"  incipal offices address, if applicable:				
A. If amending name, enter the new name o	f the limited liah	oility company here:			
VAPIN CRAZY E-CIGS & JUICES - HAINES CI	TTY, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	ne abbrevia	tion "L.L.	<u>C."</u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		36166 US HWY 27	2.*		
		HAINES CITY, FL 33844	- 21. 1 -		
					77:
				_	- **
Enter new mailing address, if applicable:	200 WHISPERING PINES WAY				
Mailing address MAY BE A POST OFFICE	BOX)	DAVENPORT, FL 33837			<del></del>
			()		
			ter the r	iame of	the ne
Name of New Registered Agent:	MITRE ACCOUNTING & TAX SERVICES, LLC.				
New Registered Office Address:	15701 STATE I	ROAD 50, STE 202			
		Enter Florida street address			
	CLERMONT	, Florida	34711		
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date, if other than the date of filing:  Effective date is listed, the date must be specific and cannot be prior to  If the date inserted in this block does not meet the applicatement's effective date on the Department of State's records.				ng.) Pursua	
ecord specifies a delayed effective date, but not e 90th day after the record is filed.	: an effect	tive time, at	12:01 a.m	n, on the	e earlie
d November 19th 2019	_·				
And College					
Signature of a member or authori	rized reseases	stative of a mamb	) r		

Page 3 of 3

Filing Fee: \$25.00