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FILED

COVER LETTER

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tailahassee, FL 32314

Registration Section

P.O. Box 6327

SUBJECT: Coastal Freight LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Michael S. Condurelis Name of Person
Coastal Freight LLC
43780 Thomas Creek RD
Callahan, FL 32011 City/State and Zip Code
MCondurelis o amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael S. Conducelis at 904 424-1912 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal f	reight	666		
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Lie Florida document number $L/7000$. This amendment is submitted to amend the follow. A. If amending name, enter the new name of $L/7000$. The new name must be distinguishable and contain the way.	ability Company w 164754	vere filed on $8/5$	1/201	Z aug assigned T
This amendment is submitted to amend the follow	owing:			夏里 口
A. If amending name, enter the new name of Vapeologies Of / The new name must be distinguishable and contain the wa	the limited liability	ty company here: Jorida L	LC	showing time to the contraction of the contraction
Enter new principal offices address, if applics (Principal office address MUST BE A STREE)	able:	43780 Th	omas (Creek RD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u> (43780 The	mas ,FL 3	Creek RD BQO11
B. If amending the registered agent and/or the new registered off	fice address here:		Same	the name of the new or isingle
Name of New Registered Agent:	·	S. Condur		
New Registered Office Address:	43780	Thomas C	elle C	2 0
	Callah	City	, Florida	32011
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

MBR = A	IBR = Authorized Member						
<u>`itle</u>	Name	Address	Type of Action				
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		Signature	ora member (audionized (cb)	esentative of a me	meei	·	

Page 3 of 3

Filing Fee: \$25.00