

L17000 174771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

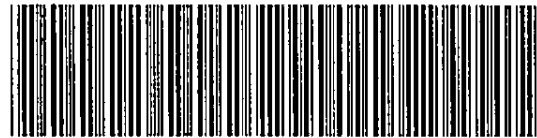
(Business Entity Name)

(Document Number)

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17 OCT -2 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2017

J. CHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** High Class Glass N Vape LLC

\_\_\_\_\_  
Name of Limited Liability Company

~~The enclosed Articles of Amendment and fee(s) are submitted for filing.~~

Please return all correspondence concerning this matter to the following:

Brian Pino

\_\_\_\_\_  
Name of Person

High Class Glass N Vape LLC

\_\_\_\_\_  
Firm/Company

2669 swacco rd

\_\_\_\_\_  
Address

port saint lucie, fl 34953

\_\_\_\_\_  
City/State and Zip Code

brian@highclassfl.com

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

For further information concerning this matter, please call:

Brian Pino

248 7057466

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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  
TO  
ARTICLES OF ORGANIZATION  
OF**

High Class Glass N Vape 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 8/16/2017 and assigned  
Florida document number L17000174731.

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

\_\_\_\_\_, Florida  
City

**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>
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MGR	Brian Pino	2669 Sw Acco Rd	<input type="checkbox"/> Add
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		Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
--	--	----------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	Nicole Pino	2669 Sw Acco Rd	<input type="checkbox"/> Add
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		Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
--	--	----------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	Brian Pino	2669 Sw Acco Rd	<input checked="" type="checkbox"/> Add
------	------------	-----------------	---

		Port Saint Lucie, FL 34953	<input type="checkbox"/> Remove
--	--	----------------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	Nicole Pino	2669 Sw Acco Rd	<input checked="" type="checkbox"/> Add
------	-------------	-----------------	---

		Port Saint Lucie, FL 34953	<input type="checkbox"/> Remove
--	--	----------------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	Traver Boettcher	3402 SW GOLDEN LN	<input checked="" type="checkbox"/> Add
------	------------------	-------------------	---

		PALM CITY FL, 34990	<input type="checkbox"/> Remove
--	--	---------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

17 OCT - 2 AM 7: 48  
SECRETARY OF STATE  
TALLMASSIE, FLORIDA

17 OCT -2 AM 7: 48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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

Dated 9/25/2017, 9/25/17.

Signature of a member or author

Signature of a member or authorized representative of a member

**Brian Pino**

Typed or printed name of signee