117000194427

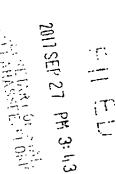
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500303915565

09/27/17--01007--029 **\$\$.00



K SALY SEP 28 2017

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Worldwide Ejuice complet. Com, 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:							
Louis N. Scholnik, Esq.							
Louis N. Scholnik, P.A.							
3109 Stirling Road - Ste 101							
Ft. Lauderdale, FL 33312 City/State and Zip Code LNS @ Lou Scholnik, Com F-mail address: (to be used for future annual report notification)							
Final address: (to be used for future angual report polification)							
For further information concerning this matter, please call:							
Louis Scholnik at (954) 771-4790 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

2017 SEP 27 PM 3:43C

1,1,0,0		TACOM 3:43C
(Name of the Limited Liability Compa (A Florida Limited	E JUICE CONNIECT	CATASSIF SOUTH
The Articles of Organization for this Limited Liability Company	were filed on <u>Jepten ber 19</u>	26 and assigned
Florida document number <u>L17000194</u> 4	27	, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Na		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	Na	1.11
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Na	
(Mailing address MAY BE A POST OFFICE BOX)		
		····
B. If amending the registered agent and/or registered of		the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:	Na	
New Registered Office Address:	NA	
	Enter 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.

Mac 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: FILEL . N./a MGR = Manager AMBR = Authorized Member 2017 SEP 27 Pf 3: 43 Type of Action Address **Title** Name ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

VV ()	rid wide	Ejvice	conne	A hous	been
author	ridwide ized to	issue	100	Menbe	rship
	to its M				
114. L				-	7
					197. 18
·				•. •• • • • • • • • • • • • • • • • • •	75.
		· - ····			
			<u> </u>		****
ective date, if other the effective date is listed, the effective date inserted imment's effective date of	in this block does not r on the Department of S	meet the applicabl State's records.	c statutory filin	g requirements, ti	his date will not be list
ecord specifies a d	the record is filed.		n effective i	time, at 12:01	a.m. on the earl
e 90th day after t					
e 90th day after t		,			
·	 :LH	, ———			
·	Signature of a	,	ed representative	of a member	
·	1				Horney

Page 3 of 3

Filing Fee: \$25.00