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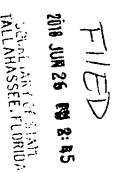
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Vape Wholesalers, 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:
David G. Marshack Name of Person
Big Tuna Beach Bar & Grill, Lil
3135-39+1 Avenue North #2
St. Petrs DLIVI, 5 33714 City State and Zip Code Office 2852 @ amail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yohana Hung at (727) 505-0931 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Florida Vax Whole (Name of the United Liability Compar (A Florida Limited L	ny as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup 18000104\(\bigcup 21 \).	were filed on <u>Apri 25, 20</u>	18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liabil	Grill, LLC	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Specifically Bive	national 1 Fi 32118
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of the new
	City	Zip-Gode

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>	Type of Action
·			□ Add
			□ Remove
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	delayed effective of the record is filed.		effective time, at	: 12:01 a.m. on	the earlier o
ded June	25 Signature of a	2018 Mulli member or authorized	I representative of a men	ıber	
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Page 3 of 3

Filing Fee: \$25.00