L18000172998

((Requestor's Name)	
	(Address)	
. ,	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
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COVER LETTER

TO: Registration S Division of Co			
	mand LLC		
SUBJECT:		nited Liability Company	
	of Amendment and fee(s) are sub condence concerning this matter	-	
	Roy Niazov		
		Name of Person	·
	E-Cig Demand LLC		
		Firm/Company	11222
	20815 NE 16 Avenue, Suit	e B34	
	.	Address	
	Miami, Florida 33179		
		City/State and Zip Code	
	ciara@moodyaccounting.co	m to be used for future annual report noti	fication)
For further information (concerning this matter, please ca		,
Roy Niazov		305 710-8828	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

E-Cig Demand LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L18000172998	y were filed on July 18, 2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	20815 NE 16 Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Suite B34	- 0		
	Miami, Fl. 33179	S ::		
Enter new mailing address, if applicable:	20815 NE 16 Avenue	P 27		
(Mailing address MAY BE A POST OFFICE BOX)	Suite B34			
	Miami, FL 33179	6. (3.1)		
		5 €		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the nev		
	Enter Florida street address			
 	, Flor	da		
New Registered Agent's Signature, if changing Registered Agent:	•	глу сосч		
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
AMBR	Roy Niazov	20815 NE 16 Avenue	
		Suite B34	
		Miami, FL 33179	≅ Change
		·	Add
			Remove
			Change
			
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Tective date, if other than the in effective date is listed, the date must	be specific and cannot be prior t	o date of filing or more than !	(optional) 20 days after filing.) Pursuant to	605.0
ote: If the date inserted in this blo cument's effective date on the De		ble statutory filing require	ements, this date will not be	listed
record specifies a delayed The 90th day after the reco		an effective time, a	t 12:01 a.m. on the e	arlier
ited August 7	2018			
	1 04	_		
	1 Men			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00