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COVER LETTER

	Registration Se Division of Cor				ø.
	DripTip Va	pes LLC		ne"	
SUBJEC	CT:		nited Liability Company		**
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Av Gavriel			
			Name of Person		
		DripTip Vapes LLC			
			Firm/Company		
		2750 NE 183rd st #1612			
			Address		
		Aventura, FL 33160			
		info@driptipvapes.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notification)		20 20
For furth	er information c	oncerning this matter, please c	all:		
Av Gavr	iel		(954) 865-9652 at()		: ,
	Name o	f Person	Area Code Daytime Telepho	one Number	
Enclosed	is a check for th	ne following amount:			$\mathbb{D} = i$
□ \$ 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A	MENDMENT
TO ARTICLES OF OF	RCANIZATION S
OF	Co.
DripTip Vapes LLC	<u> </u>
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company) ere filed on 08/30/2018 and assigned
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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 adeagent and/or the new registered office address here:	fress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Many Destruction of Assessment Control of the Contr	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

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
MGR	Av Gavriel	2750 ne 183rd st #1612 Aventura, FL 33160	🗆 Add
			□Remove
			≡ Change
			🗆 Add
			□Remove
		.	□Change
			□Remove
			□Change
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			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated Signature of a member or authorized representative of a member		
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