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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077

: (407)649-4016 Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUM VAPOR, LLC



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUM VAPOR, LLC		
(Name of the Limited Liability (A Fiorida	v Company as it now appears on our records.) Limited Limbility Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000208865</u>	ompany were filed on August 31, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	5
	The second of th	School Shemistion "1.4.6"
	ited Liability Company," the designation "LLC. (
(Name of the Limited Liability Company were filed on August 31, 2018 or ida document number L18000208865 in amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) If amending address, if applicable: Muiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street oddress.		
(Principal office anaress MOST BE A STREET ADDR	(£33)	2
		1,0
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, lress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	Cinr	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

From-BAKER & HOSTETLER

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Address</u> Title 1 Name 3350 W. New Haven Ave. A.H. Patel West Melbourne, Fl 32904 MGR □ Add Remove _□ Change 3350 W, New Haven Avc. N.K. Patel West Melhoume, FI 32904 MGR ■ ∧dd _□ Remove Change □ Add Remove 90 □ Changć $\dot{\gamma}$ □ <u>Ro</u>cmove _□ Спапис □ Add Remove _□ Change □ Add _□ Remove _□ Change

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