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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STEVEN R. KUTNER, P.A.
Account Number : 120010000180
Phone : (407) 644-1104
Fax Number : (407) 629-0090

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

Email Address: VapeGypsyDistro@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BONGO MANUFACTURING, LLC

Certificate of Status	0
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2019 DEC -9 PM 4:41

CLERK OF STATE
TALLAHASSEE, FLORIDA

2019 DEC -9 PM 2:26

FILED

DEC 10 2019

T. LEMUEUX

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

FILED

BONGO MANUFACTURING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 DEC -9 PM 2:26

The Articles of Organization for this Limited Liability Company were filed on February 26, 2019 and assigned

Florida document number L19000049800

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

2409 Ping Drive

(Principal office address MUST BE A STREET ADDRESS)

Henderson, NV 89074

Enter new mailing address, if applicable:

2409 Ping Drive

(Mailing address MAY BE A POST OFFICE BOX)

Henderson, NV 89074

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

7901 4th Street N., Suite 300

Enter Florida street address

St. Petersburg

City

Florida 33702

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.

x 

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	Matthew Kleizo	30 Keyes Avenue Sanford, Florida 32773	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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