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To:

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

From:

Account Name : STEVEN R. KUTNER, P.A.
Account Number : 120010000190
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 BOTANICALS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

DEC 10 2019

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2019 DEC -9 P 2:29

BONGO BOTANICALS, LLC

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

OFFICE OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 6, 2019 and assigned
Florida document number L19000056590

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

Florida 33702

City

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.

Bill Hume

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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated July 26 2019

x William R. Byrd
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member:

Matthew Kleizo

Typed or printed name of signer: _____