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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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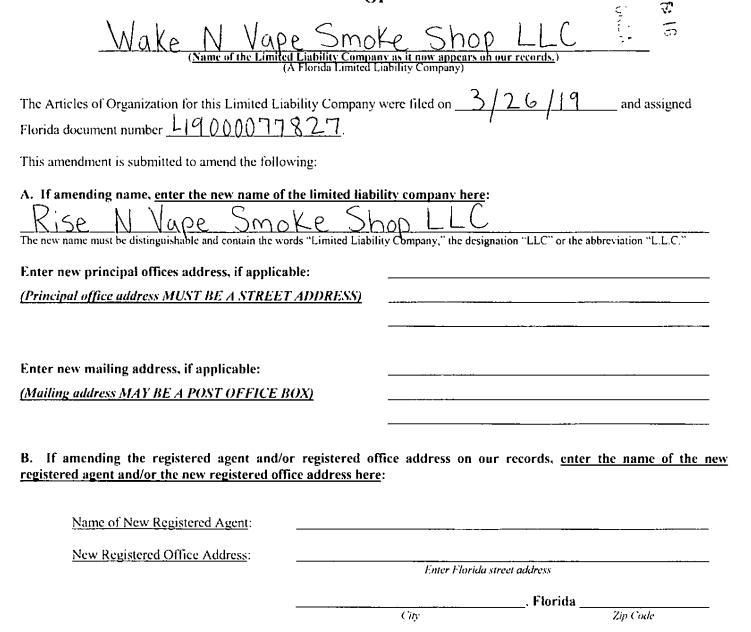
| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Wake N Vape Smoke Shop LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Erica Burch Name of Person |
| Wake N Vape Smoke Shop LLC |
| 16670 S US HWY 441 #103 |
| Summerfield, Florida 34491 City/State and Zip Code |
| Waken vapesmake should @gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Erica Burch Name of Person at (352) 512-8496 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 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



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

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| ote: | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 90th day after the record is filed. |
| nted _ | actober 14th 2019. |
| | Signature of a flember of authorized representative of a member |
| | John Burch Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00