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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

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TO: Registration S Division of Co			
	pe Smoke Shop LLC.		
SUBJECT:	· 		
	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Erica Burch		
		Name of Person	
	Rise N Vape Smoke Shop L	LC. #1	
		Firm/Company	7 m
	Pelass	105 US HWY HHI, Address	Suit 103
	Summ	City/State and Zip Code	3
	ericaburch84@yahoo.com		
For further information	E-mail address: (to concerning this matter, please cal	o be used for future annual report noti	fication)
Erica N. Burch	concerning this matter, prease ca	352 512-8496	
Billar W. Buron		at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0		Registration Se Division of Cor	
P.O. Box 63		The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

- <u>r</u>

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
	00/06/0010
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
Rise N Vape Smoke Shop LLC #3 The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation DDC of the above radio.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	i ii
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
	nter Florida street address

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			_Remove
			☐ Change
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. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ate of filing: be specific and cannot be prior ck does not meet the applic partment of State's records.	to date of filing or more than 90 days after the object of the days after the day	C1:	Pursuant to 605.02 will not be listed
			(b) T h	ne 90th day after th
f the record specifies a delayed effective ecord is filed.	date, but not an effective ti	me, at 12:01 a.m. on the carrier of	(-)	•
February 7th	2024			
Dated				
/}	SZ.	norized representative of a member		

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