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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : 1201100000092 Phone : (305)448-9584 Fax Number : (305)446-9569

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

Email Address:

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COVER LETTER

	Registration Sec Division of Corp					
erinar <i>e</i>	VAPES PLU	JS LLC.				
SUBJEC	.1:	Name of Limi	ted Liability Company			
The encl	osed Articles of A	Amendment and fee(s) are subt	nitted for filing			
		ndence concerning this matter				
	·	HATEM A. ASAD				
			Name of Person			
		VAPES PLUS LLC.			2019 APR 16 SLCRETAR	
			Firm/Company		PR	-13
		5631 SW 58TH CT				JI.EO
			Address		AM 10: 25	٠
	DAVIE, FL 33314					
			City/State and Zip Code		, 01	
		E-mail address: (to be used for future annual report notif	ication)		
For furth	er information co	oncerning this matter, please ca	1 12:			
HATEN	MA. ASAD		305 448-9584			
	Name of	f Person	Area Code Daytime	: Telephone Number		
Enclosed	d is a check for th	ne following amount:				
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
		ING ADDRESS:	STREET/COURI Registration Section	n		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VAPES PLUS LLC.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limb	ed Liabllity Compa (A Florida Limited l	ny as it now appears on our Diability Company)	records.)	_	
The Articles of Organization for this Limited L Florida document number L19000089508	iability Company	were filed on 04/01/2019	an	d assigr	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation	on "L.L.(3.7
Enter new principal offices address, if applic	able:	5631 SW 58TH CT	en y ye. Yenga karan	201	
(Principal office address MUST BE A STREET		DAVIE, FL 33314	- E	¥ 6	
Principal office address MOST DE A STREET	T ADDRESS			2	
			<u> </u>	6	
		5631 SW 58TH CT			BoX
Enter new mailing address, if applicable:	DAVIE, FL 33314	(/)	_ <u>;</u>	<u>C</u>	
(Mailing address MAY BE A POST OFFICE BOX)		27712,12 3331		25	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o	office address on our r	ecords, enter the m		the new
registered agent and/or the new registered of	THE AUGIESS GET	<u>'</u> '			
Name of New Registered Agent:	HATEM A. A	SAD			
New Registered Office Address:	5631 SW 58T	н ст			
New Registered Office Address.		Emer Florida stree	i aadress		
	DAVIE		, Florida		
		Cuy	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.

Haten A ASUI 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	EHSAN F. GHRAB	5631 SW 58TH CT	Add
		DAVIE, FL 33314	Remove
			bbA
			□ Remove
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and cannot be prior t t meet the applica	able statutory	or more than 90 filing requirem	days ofter t	filing.) Pursuant to	605.020 listed a
date, but not d.	t an effecti	ve time, at 1	12:01 a	.m. on the ea	rlier o
2018	·				
a member or autho	orized represen	tative of a memb	er		-
					-
	f State's records. date, but no 2018 a member or auth	and cannot be prior to date of filing to meet the applicable statutory of State's records. e date, but not an effectled. 2018 a member or authorized representations.	and cannot be prior to date of filing or more than 90 to meet the applicable statutory filing requirem f State's records. e date, but not an effective time, at 1 d.	and cannot be prior to date of filing or more than 90 days after to meet the applicable statutory filing requirements, this of State's records. It date, but not an effective time, at 12:01 and the statutory filing requirements at 12:01 and the statutory filing requirements.	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the meet the applicable statutory filing requirements, this date will not be f State's records. e date, but not an effective time, at 12:01 a.m. on the ead. 2018 a member or authorized representative of a member

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