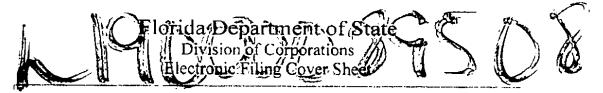
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : I20110000092 Phone : (305)448-9584 Fax Number : (305)448-9569

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VAPES PLUS LLC.

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COVER LETTER

TO: Registration Se Division of Co				
VAPES PI	LUS LLC.			
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	AIMAN A. ASAD			
		Name of Person		
	VAPES PLUS LLC.			20
		Firm/Company		
	5631 SW 58TH CT	, ,		2019 APR 23 PM
		Address		7 23 F
	DAVIE, FL 33314			PH
		City/State and Zip Code		2: 16
	E-mail address: (to be used for future annual report not	fication)	
For further information of	oncerning this matter, please of	all:		
AIMAN A. ADNAN		786 300-9979		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n	

P.O. Box 6327 Tallahassee, Fl. 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAPES PLUS I.LC.			
(Nume of the Limit	ted Liability Company as it nov (A Florida Limited Liability Co	e appears on our records.)	
The Articles of Organization for this Limited L Florida document number L19000089508	iability Company were filed	i on <u>04/01/2019</u>	and assigned
This amendment is submitted to amend the foll	owine:		
A. If amending name, enter the new name o	_	pany here:	
The new name must be distinguishable and contain the v	rords "Limited Liability Compan	y," the designation "LI.C" or the abb	reviation "Lruc."
Enter new principal offices address, if applic	able:		<u> 连续 </u>
(Principal office address MUST BE A STREE	T ADDRESS)		19 PR
			23 = 23
			P
Enter new mailing address, if applicable:	·	· · ·	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>enter (</u>	he name of the new
Name of New Registered Agent:	ASAD, AIMAN A		
New Registered Office Address:	5631 SW 58TH CT		
	E	nter Florida sweet address	
	DAYIE	, Florida <u>333</u>	
	Chy		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.

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	ASAD, HATEM A		
		5631 SW 58TH CT DAVIE FL 33314	≅ Remove
			Change
MGRM	ASAD, AIMAN A	5631 SW 58TH CT DAVIE FL 33314	■ Add
			□ Remove
			201
			PR Ada Fin

			□ Remond
			Change
			☐ Remove
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				11
Tective date, if other than the an effective date is listed, the date in ote: If the date inserted in this occument's effective date on the	ust be specific and cannot be block does not meet the a	pplicable statutory fil	more than 90 days after filing requirements, this da	nu.) Pursuant to 605.0207 (
record specifies a delay The 90th day after the re	ed effective date, buscord is filed.	it not an effective	e time, at 12:01 a.m	i, on the earlier of:
04 - 23	2019	<u> </u>		
	Signature of a member or	authorized representati	ve of a member	
*	Signature of a montroet of	sementes representan	AC OF B INCLIDOR	

Page 3 of 3

Filing Fee: \$25.00