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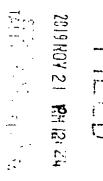
(Requesto	or's Name)
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COVER LETTER

TO: Registration Division of C	orporations '		·s D
SUBJECT:	BLOW 1 SMC Name of Lim	oke & Vape Sho	PLLC
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Larris	S Basten Name of Person	
		1 Smoke & Vape S	Shop LLC
		9 Lem Turner Ru Address	
		Say Fl 32-6 City/State and Zip Code of en Gyahov. Com to be used for future annual report noti	208
	lärris b E-mail address: (to be used for future annual report noti	- lication)
For further information	n concerning this matter, please of	ali:	
Larris Bos	for	at (<u>904</u>) <u>993-</u> Area Code Daytim	3544
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r 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 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

T Vape Shop LLF	
y as it now appears on our records.) lability Company)	
were filed on $10/11/2019$	and assigned
lity company here:	
9429 Lem Turner	Rd.
Sacksonville, F	-132708
9429 LenTurner Sacksonville, FT	Rl. 32208
fice address on our records, ente	er the name of the new
7	7. 8 77
P. P. L. H.	
Florida	÷ = 1 - ;
City	- Zip Fode
	24
	were filed on 10 11 2019 Were filed on 10 1

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

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DeQuan Martin	9374 Arbor Gilen La 32208	_M Add
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F If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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	Bu	9429	j Len	17 Tu	rner	Rel	5	ax F	7 3	3220	8		
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Page 3 of 3

Filing Fee: \$25.00