Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VAPOR CHASKI LLC

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JUN 18 2020

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TU: 18506176383 From: 19165767051 Date: 06/17/20 Time: 8:29 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 JCH 17 PH 2: 57

<u> </u>	Vapor Chaski LLC	·	·
(Name of the Limi	ted Liability Company as it now apper (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on _	05/27/2020	and assigned
lorida document numberL20000143449	<del></del> ·		
his amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability company b	nere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	······································	
Principal office address MUST BE A STREI	ET ADDRESS)		
		<u> </u>	
	·		
Enter new mailing address, if applicable:	<u></u>		
Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		
3. If amending the registered agent and		n our records, <u>ente</u>	r the name of th
egistered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:			
New Registered Office Address:			·····
	Enter Fl	orida street address	
		Florida _	
	City		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

2020 JUN 17 PH 2: 57

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fabio Costas Salazar	14202 N. 42nd street Apt. 123	
		Hillsborough, FL 33613	☐ Remove
			⊠ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
		<u></u>	Remove
			☐ Change
			□ Remove
			Change
			🗖 Add
			□ Remove
			Change

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D. If amending any other information, enter change(s) here: (Attac	ch additional sheets, if nece:	ssary.)
	2620 JUN 17	PH 2: 57

E. Effective date, if other than the date (If an effective date is fisted, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Department.	sectic and cannot be prior to dat oes not meet the applicable :	e of filing or more than 90 (	days after tiling ) Pursuant to 602,0207 (2)(b).
If the record specifies a delayed effe (b) The 90th day after the record is		effective time, at 3	12:01 a.m. on the earlier of:
June 10 Dated	ture of a member or authorized	representative of a memb	er
<u>Fab</u>	DO Andres Typed or printed on	Costas	Ealazar

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