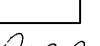
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Hope that your day is going well. I am submitting this as a request to change the name of our business from Vapour LLC to Va Pour LLC.

Feel free to contact me with any additional information.

William O. Neckles Williamchaseneckles@gmail.com

240 TODD ST SE PALM BAY FLORIDA, FL 32909

516-244-3046

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vapour	
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 85-4126273	pany were filed on 1018/20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registere
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

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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 addor removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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Department of State / Division of Corporations / Search Records / Search by Entity Name /

### **Detail by Entity Name**

Florida Limited Liability Company

VAPOUR LLC

**Filing Information** 

**Document Number** 

L20000319271

FEI/EIN Number

85-4126273

**Date Filed** 

10/08/2020

Effective Date

10/08/2020

State

FL

Status

**ACTIVE** 

Principal Address

240 TODD ST SE

PALM BAY

FLORIDA, FL 32909

**Mailing Address** 

240 TODD ST SE

PALM BAY

FLORIDA, FL 32909

Registered Agent Name & Address

NECKLES, WILLIAM O

240 TODD ST SE

PALM BAY, FL 32909

Authorized Person(s) Detail

Name & Address

Title AMBR

NECKLES, WILLIAM O

240 TODD SE PALM

PALM BAY, FL 32909

Annual Reports

Report Year

Filed Date

2021 03/01/2021 2022 02/21/2022

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