

L20 000 319 271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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08.25.22--01.010--011 -- 01.11

22 AUG 15 AM 11:32
DIVISION OF STATE
REGISTRATION

Hello,

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

22 AUG 15 AM 11:32
DIVISION OF CORP. REGISTRATION

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vapour LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/8/20 and assigned Florida document number 85-4126273.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Va Pover LLC

The 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 applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

Change
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

22 AUG 15 AM 11:32
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: 8/1/22 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 1 2022

W. Neckles

Signature of a member or authorized representative of a member

William O. Neckles

Typed or printed name of signee



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

Document Images

02/21/2022 -- ANNUAL REPORT

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03/01/2021 -- ANNUAL REPORT

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10/08/2020 -- Florida Limited Liability

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Florida Department of State, Division of Corporations