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Special Instructions to	Filing Officer:	

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A. RIVERS
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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations		
214145 III 27F	VAPERO L			
SUBJECT			ited Liability Company	 -
			70 1 C = 170	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Stephanie Carles		
			Name of Person	
		Vapero LLC	Name of Person C Firm/Company ree dr Address th Gardens FL 33418 City/State and Zip Code arles@gmail;com E-mail address: (to be used for future annual report notification) matter, please call: at (
			Firm/Company	
		122 Bent tree dr		
		-	Address	
		Palm Beach Gardens FL 3:	3418	
		ctarbanie carles@amail:cor		
				stification)
For further i	nformation c	oncerning this matter, please of	all:	
Stephanie C	arles		• • •	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres			Section
Di	vision of C	orporations		
	D. Box 632 Hahassee, I		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAPERO LLC		
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 5/7/21	and assigned
Florida document number 1.21000214851		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2 22
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the r</u>	name of the new register
		- TI
Name of New Registered Agent:		ं भं 🛋 📺
Many Basistand Office Address		2: 5 STA
New Registered Office Address:	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.

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
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