K21000218243

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COVER LETTER

Registration Section Division of Corporations

TO:

Exotic Vap	e and Smoke LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Kevin Castro		
		Name of Person	
	Exotic Vape and Smoke L	LC	
		Firm/Company	
	25435 sw 134th pl		
	·	Address	
	Homestead FL 33032		
		City/State and Zip Code	
	exoticvapeandsmoke@gma		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Kevin Castro		786 259-4330 at (
Name of Person			ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exotic Vape and Smoke 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 $\frac{05/11/2021}{1}$ and assigned Florida document number <u>L21000218243</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Benjamin Lafly	1255 Collins ave, Miami Beach	<u></u> ■Add
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Tective date, if other than to a series of the date in effective date is listed, the date in this current's effective date on the	s block does not meet the a	applicable statutory f	(opti or more than 90 days afte ding requirements, the	i onal) r filing.) Pursuant to 605.02 is date will not be listed :
record specifies a delay The 90th day after the r	ved effective date, burecord is filed.	ıt not an effectiv	e time, at 12:01	a.m. on the earlier
ted	. 2021		C+1-1	- -
ted <u>06/03</u>		A	stro	<u> </u>
ted <u>06/03</u>	Signature of a member o	A	StyO tive of a member	2: 36

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