

(((H23000125955 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : {561}694-8107 Fax Number : [561]214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BANG VAPES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

TT.LEMIEUX APR - 5 2023

15612148442

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bang Vapes, LLC					
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears (ability Company)	on our records.)		_	
The Articles of Organization for this Limited Liability Company with the Florida document number L21000372093	vere filed on <u>08/18</u>	3/2021	and	assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here	:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	gnation "LLC" or th	e 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:			<u></u>		
(Mailing address MAY BE A POST OFFICE BON)				202	
				7. 70	
				رد ا	
B. If amending the registered agent and/or registered office ad	dress on our rec	ords, <u>enter the n</u>	ame of the	<u>new re</u>	gistere
agent and/or the new registered office address here:			· · ·	<u> </u>	0
			31 <u>11</u>	ယ္	
Name of New Registered Agent:				ాణ య	
New Registered Office Address:					
	Enter Florida	a street address			
		, Florida			
	City		Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent:					
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of m ovided for in Ch	y duties, and La apter 605, F.S. 6	m familiar Or, if this de	with ai scumei	nd

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

<u>Title</u>	Name	Address	Type of Action
Manager	DiDonato, John	16720 STRATFORD COURT	⊡ Add
		SOUTHWEST RANCHES, FL 33331	■Remove
			□Change
Manager	John H Owoc	16720 STRATFORD COURT	\exists Add
		SOUTHWEST RANCHES, FL 33331	
			□Add
			□Remove
			□Change
			🗆 Add
			Change
			□Add
			Remove
			□Change
**			□Add
			Remove
			□Change

D. If an	nending any other in	formation, enter chai	nge(s) here: <i>(At</i>	tach additional she	ets, if necessary.)	
	*****				4.6.4.2	
						
						
				w/w/d-d-d-w-w-d-w-d-d-d-W-d		
					·	**********
			·			

				■ 11-10-		
						
(If an e <u>Note:</u>	ctive date, if other that effective date is listed, the data. If the date inserted in ment's effective date on	ate must be specific and car this block does not mee	t the applicable st	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Pursuan ments, this date will not	it to 605.0207 (3xb be listed as the
If the reco		ffective date, but not an	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th d	ay after the
Dated	d April 3rd	· :	2023			
	/s/ Tiffany Meel	ker				
		Signature of a men	nber or authorized r	epresentative of a mem	ber	
	Tiffany Meeker, A	Attorney-in-Fact				

Filing Fee: \$25.00

Typed or printed name of signee