LZ1000469540

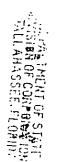
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Name was appeared in ever ble it DiD not have the LLC Suffix at the end. A free amendment was Issued to correct the error.
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Office Use Only

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COVER LETTER .

TO: Registration Division of C		• ,	
Vapor E	dge, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	Stefany Mendoza		
		Name of Person	
	.	Firm/Company	
	1000 Brickell Ave. Suite	#715 PMB 286	
		Address	
	Miami, FL 33131		
	admin@vapor-edge.com	City/State and Zip Code	
		(to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please of	call:	
Stefany Mendoza		786 309-8875	
Nam	e of Person		Telephone Number
Enclosed is a check fo	r the 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)
P.O. Box 6	n Section ^Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations SSE 5 allahassee Street, Suite 81025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vapor Edge,					
(Name of the Limit	ted Liability Comps (A Florida Limited	any as it now appears on our l Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L21000469540	and assigned				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
Vapor Edge, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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:		1000 Brickell Ave.			
		Suite #715 PMB 286	<u> </u>		
		Miami, FL 33131	T T		
		1000 Brickell Ave.	ASSESSED IN		
(Mailing address MAY BE A POST OFFICE	BOX)	Suite #715 PMB 286	ng n		
		Miami, FL 33131	20.		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, g	enter the name of the new registe		
Name of New Registered Agent:	Stefany Mendo	oza			
New Registered Office Address:	1000 Brickell A	Ave. Suite #715 PMB 286			
		Enter Florida street	address		
	Miami		, Florida ³³¹³¹		
		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>	<u>Name</u>	Address	Type of Action
AMBR	Stefany Mendoza	1000 Brickell Ave.	
		Suite #715 PMB 286	
		Miami, FL 33131	
			□Add
			□Remove
			□Change
****			□Add
			□Remove
			Change
			□Add
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to ock does not meet the applical	o date of filing or more than 9	(optional) 0 days after filing.) Pursus ments, this date will no	ant to 605.0207 (of be listed as t
record specifies a delayed effectiv I is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
March 15	2022			
	Stefas Signature of a member or bothor	W		

Filing Fee: \$25.00