

h22000156765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

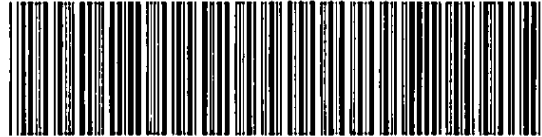
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

DEC 22 2022



900395314229

10/05/22--01012--007 **35.00

2022 OCT - 5 AM 8:40
OF STATE

D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OHM LIFE VAPOR COMPANY, IV, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan T. Hawkins

Name of Person

Independent Law PLLC

Firm/Company

2106 NW 4th PL

Address

Gainesville, FL 32603

City/State and Zip Code

ahawkins@independent.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan T. Hawkins

Name of Person

at (352)

Area Code

353-4048

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

OHM LIFE VAPOR COMPANY IV, 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 03/31/2022 and assigned
Florida document number L22000156765.

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)

2106 NW 4th PL

Gainesville, FL 32603

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:

Independent Law PLLC

New Registered Office Address:

2106 NW 4th PL

Enter Florida street address

Gainesville

City

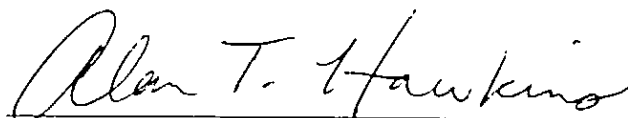
Florida

32603

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 Changing Registered Agent, Signature of New Registered Agent

for Independent Law PLLC

2022 OCT 11
AM 8:50
OFFICE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RUSSO, RONALD P, JR	17948 US HWY 19 N	<input type="checkbox"/> Add
		Clearwater, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, AMBR	Kava Enterprises, Inc.	2106 NW 4th PL	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alan T. Hawkins	2106 NW 4th PL	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member 9/30/22

Typed or printed name of signee