L22000157774

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SECRETARY OF STATE STATE OF CORPORATIONS

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COVER LETTER

TO:	Registration Sec Division of Corp			•
		· VIVID SMOKE	SHOP 110	•
SUBJE	CT:	Name of Fimile	Transes Co	
The enc	losed Articles of a	Amendment and feets) are submo	ned for filing	
Please r	eturn all correspoi	ndence concerning this matter to	the following	
		AUDREY DROBISCH		
			Name of Person	
		VIVID SMOKE SHOP, 110		
			Lum Company	
		23979 FOREST VIEW DR		
			Address	
		LAND O LAKES, FL 34639	,	
			City State and Zip Code	
		BROOKE@ DBASTIANCP	A COM be used for future amonal report notif	ication)
For furt	ther information c	oncerning this matter, please call		
AUDR	REY DROBISCH		× × 766 1326	
	Name o	f Person	af C Area Code Daytina	Telephone Number
Enclose	ed is a check for the	ne following amount:		
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	SSS 00 Filing (see & Certified Copy hadd) or a section of sections.	77 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
¥	Mailing Address Registration	Section	Street Address: Registration Se	
	Division of C P.O. Box 632		Division of Cor The Centre of 1	

Tallahassee, FL 32314

2415 × Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IVID SMOKE SHOP LOC		
(Name of the Limite	d Liability Company as it now appears A Florida Familed Flability Company:	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>1.22000157774</u>	ability Company were filed on	04/01/2022	and assigned
This amendment is submitted to amend the follo	wing.		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Cability Company Liberde	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE)	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u>BOA)</u>	-	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our re <u>s here</u> :	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ten the	do street address	
		Florida _	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
MGR	ANDREW DROBISCH	23970 FORESTATEW DR	
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		. <u>.</u>	
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