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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filina Officer:	
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	Office Use Only	

M.H.



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• •	COVER LETTER		
TO: Registration Sec Division of Corp			97 -
MA MAA SUBJECT:	SOCIATY LEC		~ • @ #
	Name of Limited Liability Company		
The enclosed Articles of /	Amendment and fee(s) are submitted for filing.		
Please return all correspoi	adence concerning this matter to the following:		
	MAYA ZABEN		
	Name of Person		
	Firm/Company		
	3105 W ATLANTIC BLVD	2022	
	Address	ן ארנ <u>י</u>	- 1
	POMPANO BEACH, FL 33069	122 JUN 27 AM II Tallahassee	۔ محتقدہ ا
	City/State and Zip Code	 ທີ່ ກ	1
	maya.zaben20@gmail.com		O
For further information co	E-mail address: (to be used for future annual report notification) meerning this matter, please call:	2022 JUN 27 AM II: 23	
MAYA ZABEN	734 231-9819		

at (_

Name of Person Area Code 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

MAYAMIA SOCIATY LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/19/2022	_ and assigned
Florida document number 1.22000186082	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MIAMI VAPE OUTLET LLC

The new name must be distinguishable and contain the words "Limited Ltability Company," the designation "LLC" or the abbreviation "LLC"

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)

		<u>~</u>	
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street i	
	Enter Fioriaa street o	
	City	_, Florida 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 dutics, 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
			[]Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated 6/14122		
	Mille 2	
	Signature of a periper of authorized i	epresentative of a member
	Maya Zaben Typed or printed nam	e of signee

Filing Fee: \$25.00