## L22000300670

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/28/23--01816--022 \*\*25.09

SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JM VAPIN SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS RIVERO-PEDREGA	AL.	
		Name of Person	
	ACCOUNTAX MASTER	INC	
		Firm/Company	
	2152 SW 12TH ST	RO-PEDREGAL    Name of Person	
		Address	
	MIAMI FL 33135		
	-	City/State and Zip Code	<del>-</del>
	lrp012743@cs.com		
			ification)
For further information of	oncerning this matter, please c	all:	
		at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			
Registration S Division of C		<del>-</del>	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJ VAPING ELC

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000300670}{L22000300670}$ .	were filed on JULY 05 2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1331 WASHINGTON AVE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH FLORIDA 33139	-4211	
Enter new mailing address, if applicable:	2152 SW 12TH ST		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FLORIDA 33135	2022 A SECRI	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the New Kerrist  NET / A HE SSEE,  NEW Kerrist  N	
Name of New Registered Agent:		FA-12	
New Registered Office Address:	Enter Florida street address		
	, Florid:	a	

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
MGR	MAURICIO AGUILAR	2152 SW 12TH ST MIAMI FL 33135	€Add
			□Remove
		<del></del>	
MGR	JOSE A RAMIREZ	2999 NE 191 ST SUITE 702	□Add
		AVENTURA FL 33180	■Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
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are: it me date tiree	ner than the date of ad, the date must be spec- rted in this block does date on the Departmen	s not meet the ap	plicable statute	ing or more than 90 ory filing requirem	(optional) days after filing.) Pur ents, this date will	suunt to 605.020 not be listed a
ecord specifies a del is filed.	ayed effective date, b	ut not an effectiv	re time, at 12:0	I a.m. on the earli	er of: (b) The 90t	h day after the
ted		2022	<u></u>			
			اسمور ا			
<u>*</u>		ı	144	ntative of a member		

Filing Fee: \$25.00