

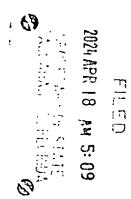
| (Requestor's Name) |
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| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer; |
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COVER LETTER

| | legistration Se Division of Cor | | | | | |
|-------------|--|--|---|--|--|--|
| ettb tc/*i | | SMOKE AND VAPE LLC | | | | |
| SUBJECT | SUBJECT: Name of Limited Liability Company | | | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for tiling. | | | |
| Please retu | un all correspo | ndence concerning this matter | to the following: | | | |
| | | RENU VARDHAN | | | | |
| | | | Name of Person | | | |
| | | RENU VARDHAN CPA I | PL | | | |
| | | | Firm/Company | | | |
| | | 360 CROWN OAK CENI | RE DR. | | | |
| | | | Address | , <u></u> | | |
| | | ORLANDO, FL 32750 | | | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | | renu@yashcon.com | to be used for future annual rep | | | |
| For furthe | r information o | oncerning this matter, please c | • | on nonneation) | | |
| Renu Var | dhan | | 40775 | 065381 Daytime Telephone Number | | |
| | Name o | f Person | Area Code | Daytime Telephone Number | | |
| Enclosed i | is a check for th | ne following amount: | | | | |
| ≣ \$25.0 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Sectified Copy (additional copy is enclosed) | | |
| | <u>Iniling Addres</u> Registration S | | <u>Street Addr</u> Registratio | ess: on Section | | |
| I | Division of C | orporations | Division of | of Corporations | | |
| | P.O. Box 632 Fallahassee, F | | | e of Tallahassee Aonroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEW ERA SMOKE AND VAPE LLC | |
|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000400300</u> | were filed on 08/25/2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liahi</u> | lity company here: |
| MAYFAR LLC | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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) | |
| | 69 |
| | 202 :: |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 20 |
| Transfer during the party of th | |
| | The state of the s |
| B. If amending the registered agent and/or registered office a | ddress on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | <u> </u> |
| | |
| Name of New Registered Agent: | |
| V D 1 100 411 | |
| New Registered Office Address: | Enter Florida street address |
| | IN |
| | Florida City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the date of filing: [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 695 0207 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State is record. The effective date on the department of the prior to date of filing or more than 90 days after filing.) Pursuant to 695 0207 The effective date is listed. The effective date is listed as delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated April 10th 2024 Sugnature of a member or authorized representative of a member | | | | | | | | | |
|--|---|---|-----------------------------------|---------------------------------|-------------------|----------------|------------------|-------------------|-------------------|
| 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the rd is filed. Dated April 10th 2024 Color B. April 10th Color B. | | | | | - <u>-</u> | | | | |
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Filing Fee: \$25.00