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Page: 2 of 4	2024-10-31 05:56:21 UTC+14	18506176383	From: ZenBusiness User
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ProLux Vapes LLC			
(Nam	c of the Limited Liability Company as it nov (A Florida Limited Liability Co.	y appears on our records.) mpany)	Constraints of the
		. 1/16/2024	10.F. 5
-	s Limited Liability Company were filed	i on	and assigned
Florida document number L240000,	**************************************		
This amendment is submitted to am	end the following:		
A. If amending name, enter the n	ew name of the limited liability com	pany here:	
ProLux E-Connaerce LLC			
The new name must be distinguishable and	contain the words "Limited Liability Compan	y." the designation "LLC" or th	e abbreviation "L.L.C""
Enter new principal offices addre	ss, if applicable:		
(Principal office address MUST Bl	<u>E A STREET ADDRESS)</u>		
Enter new mailing address, if app	licable:		
(Mailing address MAY BE A POST	T OFFICE BOX)		
B. If amonding the registered acc	nt and/or registered office address of	n our records, enter the n	name of the new registered
agent and/or the new registered of		n our records, <u>circa raç n</u>	and of the period of the second
Name of New Registered /	Agent:		
New Registered Office Ad	ldress:		<u></u>
-		nter Florida stevet oddress	

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

To:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

Zip Code

Page: 3 of 41

2024-10-31 05:56:21 UTC+14

18506176383

From: ZenBusiness User

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

To:

<u>Title</u>	Nume	Address	Type of Action
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To:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ctive date, if other than the effective date is listed, the date	the date of fifing:	(optional) nore than 90 days after illing.) Pursuant to 605,0207 (
17 the date inserted in this	s block does not meet the applicable statutory filin	ag requirements, this date will not be listed as th
ment's effective date of the	e Department of State's records.	
	stive date, but not an effective time, at 12:01 a.m.	
ora specifies a actayoù ette filed	ance date, but not an effective time, at 12.31 a.m.	on the carlier of: (b) The 70th day after the
d	2024	

Typed or printed name of signee