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| (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

| TO: Registration Se Division of Co | | | | | |
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| SUBJECT: VIB | IN VAPES V | ENDING LLC | - | | |
| | | ited Liability Company | | | |
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| | Amendment and fee(s) are sub | _ | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | <u>cody</u> | James Williame of Person | 7m5 | | |
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| | 1631 De | 1 Prado Blvd. S | Suite 300 | (0 00 | |
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| | E-mail address: (| batome, com | tication) | OF SEE | |
| For further information of | concerning this matter, please c | | | 4: 5; STAT ; FL | 3 |
| Cody Jan | 106 Williams | 220 (0.1) | - VZJa | <u> </u> | |
| Name o | 185 Williams | | - 0379 e Telephone Number | | |
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| Enclosed is a check for t | he following amount: | | | | |
| ✓ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co (additional co) | of Status & | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | Nion | | |
| Division of C | | Division of Cor | | | |
| P.O. Box 632 Tallahassee. | | The Centre of T | | 1 | |
| rananassee. | にし フムストサ | Z410 IN. IVIONIO | e Street. Suite 810 | j. | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Co Florida document number <u>レ</u> 2年600 452年11 | Company were filed on <u>10 , 24 , 24</u> and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limi | ited liability company here: |
| The new name must be distinguishable and contain the words "Limi | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDR | RESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | d office address on our records, enter the name of the new registers |
| agent and/or the new registered office address here: | TA S |
| Name of New Registered Agent: | - TE - 52 |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida |

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 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 |
|--------------|---------------------|--|----------------|
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| If an effective date is li. Note: If the date in: | ther than the date of fi sted, the date must be specific serted in this block does n e date on the Department | c and cannot be prior to date of it not meet the applicable statute | ling or more than 90 days a | ptional) after filing.) Pursuant to 60 | 05.020 |
| e record specifies a ord is filed. | lelayed effective date, but | not an effective time, at 12:0 | OI a.m. on the earlier of | : (b) The 90th day aft | er the |
| 1.6 | 31, 24 | | | | |
| Dated | | | | | |
| Dated | cody h | 1.1(am 5 | | | |