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## **COVER LETTER**

то:	Registration and Division of C	Corporations		
SURJ	Sound' ECT:	Vape, LLC		
БСБ		Name of Foreign L	imited Liability Compa	nny
Dear S	Sir or Madam:			
		vit by Foreign Limited s) and fee(s) are submi	d Liability Company to itted for filing.	Change Manager(s) or
Please	e return all corr	espondence concernir	ng this matter to the following	owing:
Mich	ael Khotoveli			
		Name of Person		
Sour	dVape, LLC			
	**************************************	Firm/Company		李。 2
250 ·	174th Street,	• •		
<del></del>		A 11		2013 JAN 16 SEGRETARY ALLAHASSE
Cupr	viloloo El 99	Address		ARY 16
Surii	ny Isles, FL 33			a a a
	C	City/State and Zip Cod	e	
mkho	otoveli@gmai	l.com		BY STATE
<u>F</u>	E-mail address:	(to be used for future	annual report notificati	
F C	.1			
		ion concerning this ma	· •	
Mich	ael Khotoveli	at (	347 276-5606	
	Name of		Area Code and Daytime	e Telephone Number
	STREET/CO	URIER ADDRESS:	MAILING AI	DDRESS:
Registration Section Registration Se				
Division of Corporations Division of Corporation				
Clifton Building P.O. Box 6327				
		e Center Circle	Tallahassee, F	lorida 32314
	Tallahassee, F	lorida 32301		
Enclo	sed is a check	for the following am	ount:	
	Filing Fee	■ \$30 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60 Filing Fee,
		Certificate of Status	Certified Copy	Certified Copy

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is: SoundVape, LLC	y as it appears on the records of the Florida	
2. This entity was formed under the laws of	Wyoming	
3. This entity was authorized to transact bus and its Florida document/registration numbe	siness in Florida on 12/26/2012	
4. The name and address of each manager of	or managing member is as follows:	
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Michael Khotoveli 250 174th Street; Suite 917 Sunny Isles, FL 33160	
MGRM	Daniel Goldman 250 174th Street; Suite 917	
MGR <b>M</b>	Mikhail Yaroshevsky 20200 NE 34 CT Aventura, FL 33160	
<del></del>		
Required Signature: Signature of Manager,	Managing Member or Member	

Filing Fee: \$25