

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CREATVIE VAPE LABS INC

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September 25, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CREATVIE VAPE LABS INC 1041 CREWS COMMERCE DR. 100 | ORLANDO, FL 32837

SUBJECT: CREATVIE VAPE LABS INC

REF: P19000023009

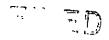
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: E19000285426 Letter Number: 519A00019849

P.O BOX 6327 - Tallahassee, Florida 32314



Articles of Amendment to Articles of Incorporation

2019 STP 26 AM 9:55

Creatvie Vape	Labertee	
ī	Labs Inc	
Ī	Name of Corpora	tion as currently filed with the Florida Dept, of State)
19000023009) 	
	(Доси	ement Number of Corporation (if known)
rsuant to the Articles of I	provisions of section 607.1006, Floring orporation:	da Statutes, this Florida Profit Corporation adopts the following amendmen
<u>If amendin</u>	g name, enter the new name of the	corporation:
reative Vape	Labs Inc	The new
Corp.," "Inc.	distinguishable and contain the wo ," or Co.," or the designation "Cor ed," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
. <u>Enter new</u> rincipal offic	principal office address, if applicables address <u>MUST BE A STREET AD</u>	<u>PDRESS</u>)
. Enter new	mailing address, if applicable:	
	dress MAY BE A POST OFFICE B	<u></u>
If amendin	g the registered agent and/or regist ned agent and/or the new registere:	ered office address in Florida, enter the name of the
new registe	g the registered agent and/or registered agent and/or the new registered of New Registered Agent	ered office address in Florida, enter the name of the d office address:
new registe	red agent and/or the new registeres	ered office address in Florida, enter the name of the d office address:
new registe	red agent and/or the new registeres	ered office address in Florida, enter the name of the d office address: (Florida street address)
new registe Name	red agent and/or the new registeres	d office address:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	D.T.		
X_Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Romove			<u>-</u>
4) Change			
Add			
Komove			
5)Change			
Add Remove			
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6)Change			
Ađd			
Remove			

	r adding additional Arti- nal sheets, if necessary).	(Be specific)			
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			n, or cancellation of	issued shares.	
<u>provisions (o</u> :	ent provides for an exchange the ame	namee, reclassification	ned in the amendme	nt inelf:	
<u>provisions (or</u>	implementing the ame	nance, reclassification	ned in the amendme	nt itself:	
<u>provisions (o</u> :	implementing the ame	nance, reclassification	ned in the amendme	nt inelf:	
<u>provisions (o</u> :	implementing the ame	namee, reclassification	ned in the amendme	nt inelf:	
<u>provisions (o</u> :	implementing the ame	namee, reclassification	ned in the amendm	nt itself:	
<u>provisions (o</u> :	implementing the ame	namee, reclassification	ned in the amendm	nt itself:	
<u>provisions (o</u> :	implementing the ame	nance, reclassification	ned in the amendm	nt itself:	

	each amendment(s) adoption;	, if other than t
date this doc	ument was signed.	
Effective da	te if applicable:	
	(no more than 90 days after amendment file date)	
Note: If the document's t	date inserted in this block does not meet the applicable statutory filing requirements, this date was feetive date on the Department of State's records.	rill not be listed as t
Adoption of	Amendment(s) (CHECK ONE)	
The amen by the sh	idment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) areholders was/were sufficient for approval.	
must b∉ s	indiment(s) was/were approved by the shareholders through voting groups. The following statement isparately provided for each voting group entitled to vote separately on the amendment(s):	
I.N	e number of votes cast for the amendment(s) was/were sufficient for approval	
by .	(voling group)	
The amen	diment(s) was/were adopted by the board of directors without shareholder action and shareholder	
action was	s not requ ired.	
The amen action was	dment(s) was/were adopted by the incorporators without shareholder action and shareholder not required.	
	Dated 9/23/19	
	Signature 3/1/2	
	(By a director, prominent or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Sonny R. Westmoreland, Jr.	
	(Typed or printed name of person signing)	<u></u>
	President	
	(Title of server simina)	~~