To: -18506176380   Page: 2 of 7   2022-02-09 02:11:29 GMT   13056752631   From: Maria A.

2/8/22. 9:05 PM

P220000002583

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : MARIA A. MORA
        Account Number  : I20200000097
        Phone           : (305)206-7926
        Fax Number      : (305)675-2631
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
VAPE CITY WHOLESALE, CORP

Certificate of Status	0
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Page Count	01
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FEB 10 2022

COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: VAPE CITY WHOLESALE, CORP

DOCUMENT NUMBER: P22000002583

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA A. MORA
_____
Name of Contact Person

MARIA A. MORA SERVICES CORP
_____
Firm/ Company

2647 SW 27TH CT
_____
Address

MIAMI,FL 33133
_____
City/ State and Zip Code

cmoramaria@aol.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA A. MORA _____ at (305) 2067926
      Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                    Certificate of Status   Certified Copy   Certificate of Status
                                      (Additional copy is   Certified Copy
                                      enclosed)   (Additional Copy
                                                     is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                              Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

VAPE CITY WHOLESALE, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000002583

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                          (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

X Change	PT	John Doe
X Remove	V	Mike Jones
_X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change X Add ____ Remove	VP	MICHAEL DIAZ	4269 MAHOGANY RIDGE DR WESTON, FL 33331
2) ____ Change ____ Add ____ Remove			
3) ____ Change ____ Add ____ Remove			
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).*   *(Be specific)*

_____

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
    (if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

_____

_____

02/07/2022

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

01/06/2022

Effective date if applicable:. _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
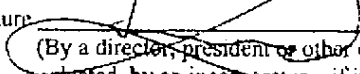
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____ "

(voting group)

02/07/2022

Dated_____

Signature_____

(By a director, president 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)

JAVIER A. DEL PINO

_____

(Typed or printed name of person signing)

PRESIDENT

_____

(Title of person signing)