

**L09000063407**

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2009 OCT 16 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

OCT 19 2009

**EXAMINER**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Electronic Cigarette Insurance Company, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin L. Hagen, Esq.  
Name of Person  
Hagen & Hagen, P.A.  
Firm/Company  
3531 Brittan Road  
Address  
Ft. Lauderdale, FL 33312  
City/State and Zip Code  
meguin@hagenlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Eguino at 954) 987-0515  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 OCT 16 PM 11: 24

ELECTRONIC Cigarette Insurance Company, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/30/2009 and assigned Florida document number LD90000003407.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

4550 N. Hiatus Road  
SUNRISE, FL 33351

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

4550 N. Hiatus Road  
SUNRISE, FL 33351

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Hagen & Hagen, P.A

New Registered Office Address:

3531 Griffin Road

Enter Florida street address

Ft. Lauderdale

City

Florida

33312

Zip Code

**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 608, 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	CATHERINE NAVAS	5000 NW 102 AVENUE SUITE D SUNRISE, FL 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CATHERINE NAVAS	4550 N. HIATUS ROAD SUNRISE, FL 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 12, 2009.

Catherine Navas  
Signature of a member or authorized representative of a member

Catherine Navas  
Typed or printed name of signee

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA