

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
LO9000063407

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To: Division of Corporations
Fax Number : (850) 633-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 972450000015
Phone : (850) 633-6894
Fax Number : (850) 633-6896

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 21 AM 8:52

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELECTRONIC CIGARETTE INSURANCE COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. BRUCE

JUN 22 2010

EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

H10 000149747

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:

Catherine Navas

Name of Person

Firm/Company

3029 N.E. 158th Street, # 421

Address

Aventura, Florida 33180

City/State and Zip Code

elicko@yahoo.com

E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Catherine Navas

Name of Person

954.675-8400

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

H10000149747

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

The Articles of Organization for this Limited Liability Company were filed on 10/30/2009 and assigned
Florida document number L09000063407

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)

3029 N.E. 188th Street
Unit 421
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3029 N.E. 188th Street
Unit 421
Aventura, FL 33180

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:

Catherine Navas

New Registered Office Address:

3029 N.E. 188th Street, #421

Enter Florida street address

Aventura, Florida 33180
City 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.

Catherine Navas
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Catherine Navas	12486 W. Atlantic Ave Coral Springs, 33071	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Catherine Navas	3029 N.E. 158th St Unit 921 Miramar, FL 33003	<input checked="" type="checkbox"/> Add <input checked="" 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.)

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 PALM BEACH COUNTY, FLORIDA

Dated _____



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

 Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00

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