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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 10448 TOBACCONISTS, 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:

KAMEL SALAMEH

Name of Person

10448 TOBACCONISTS, LLC

Firm/Company

10448 TAFT ST.

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

southern.smokes@aol.com

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

For further information concerning this matter, please call:

KAMEL SALAMEH

Name of Person

at (**561**) **809-1989**

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

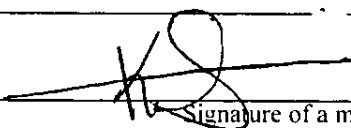
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAMEL SALAMEH	10448 TAFT ST.	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
MGR	TAMER SALAMEH	10448 TAFT ST.	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<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.)*

Dated 9/19/2013



Signature of a member or authorized representative of a member

KAMEL SALAMEH

Typed or printed name of signee