LC200000 8500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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Alun DEC 2 1 2022 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM ACCT: 120	0210000160 AMOUNT: \$25.00
AUTHORIZATION:	M
Gotham Cigars LLC L020000008500 Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organiza	ation
Certificate of Status	•
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP PLLC	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	CIGARS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Manny Balani		
		Name of Person	- -
	Gotham Cigars LLC		
	***************************************	Firm/Company	
	1606 NW 84th Ave		
		Address	
	Miami, FL 33126		
		City/State and Zip Code	
	mbalani@gothamcigars.cor		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Manny Balani		786 251-5600 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ S25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF 2377 pro co. pu

Gotham Cigars LLC			ANYA DEC. SO	<u> Pil 1: 31</u>
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it i	now appears on	our records.)	
(A Fibria	a Emmed Elating	Company	$\frac{1}{2} = \overline{I}_i$	STATE
The Articles of Organization for this Limited Liability (Company were fi	iled on 04/08/2	022	and assigned
The Afficies of Organization for this Entitled Embinity	o contiguous y and the			·
Florida document number L02000008500	 ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability co	mpany here:		
NGG CAPITAL LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Comp	pany," the design	ation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				-
Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
<u> </u>	<u> </u>			-
Mailing address MAY BE A POST OFFICE BOX)				
		<u></u> .		
B. If amending the registered agent and/or registere	ed office address	s on our recor	as, <u>enter tne</u>	name of the new register
agent and/or the new registered office address here:				
Name of New Registered Agent:				
N. D. Sarvad Office Address:				
New Registered Office Address:		Enter Florida s	ireei address	
			F1. 11	i_
	Cit	٠	, Florid	Zip Code
	•	,		
New Registered Agent's Signature, if changing Register	ed 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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Fitle</u>	Name	Address	Type of Action
			□Add
			□Remove
		<u> </u>	
			□ Change
			□Add
			□Remove
			☐ Change
 -			
			□Remove
			□Change
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>vote:</u> It	e date, if other than the date of filing: [IANUARY 1st, 2023] [Optional] (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
record s I is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member