06000001811

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C. LEWIS JAN 8 2013 **EXAMINER**

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

CORDOVA CIGARS 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:

Robert T. Morton

Name of Person

Cordova Cigars LLC

Firm/Company

6050 North 9th Avenue, Suite "C"

Address

Pensacola, FL 32504

City/State and Zip Code

robbie@cordovacigars.com

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

For further information concerning this matter, please call:

Robert Morton

850 450-8214

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)

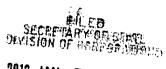
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



2013 JAN -7 AM II: 14

CORDOVA CIGARS 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 Liab Florida document number L0600001811	oility Company were filed on Janua	ary 6, 2006 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter i	Florida street address
	City	, Florida Zip Code
	City	zip Coae

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.

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Robert T. Morton	6050 North 9th Avenue	Add
		Suite "C"	Remove
		Pensacola, FL 32504	
MGRM	Jerry W. Godwin	6050 North 9th Avenue	Add
		Suite "C"	Remove
		Pensacola, FL 32504	
MGRM	Thomas G. Morton Jr	6050 North 9th Avenue	✓ Add
		Suite "C"	Remove
		Pensacola, FL 32504	
	<u>. </u>		Add
			Remove
•			-
			Add
			Remove
			Add
	•		Remove
			_ L Kemove

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 Dec	ember 31,	2012		-	
Dated DEC	Par	Motor	<u>)</u>		·

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Filing Fee: \$25.00