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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
| (Ch. Ch. Zir Dhana 4)                   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| ·                                       |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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M. Thomas | JAN 1 4 2008

## **COVER LETTER**

|             | egistration Section<br>ivision of Corporations  |   |                |
|-------------|---|---|----------------|
| SUBJECT     | BRADENTON CIGAR BAR, LLC (Name of Limited Liability Company)  |   |                |
| The enclos  | ed Articles of Amendment and fee(s) are submitted for filing.   |   |                |
| Please retu | rn all correspondence concerning this matter to the following:  |   |                |
|             | James A. Miller<br>(Name of Person)   |   |                |
|             | Bradzyton Cigar Bar, LLC. (Firm/Company)  |   |                |
|             | 425 12th St West (Address)  |   |                |
|             | Bradsnton Fl. 34205<br>(City/State and Zip Code)  |   |                |
|             | information concerning this matter, please call:  | 08 JAN 11 AM 11: 07 SECRETARY OF STATE TALLAHASSEE, FLORID                | 畫              |
| 30          | (Name of Person) at (941) 812.3850  (Area Code & Daytime Telephone Number)  | 386<br>190<br>190<br>190<br>190<br>190<br>190<br>190<br>190<br>190<br>190 | FILED<br>FILED |
|             |   | FIST  |                |
| Enclosed is | a check for the following amount:   |   | ı              |
| \$25.00     | Filing Fee \$\ \text{Solon Filing Fee & Certificate of Status} \text{Solon Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certif |   |                |

**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

| •  | CIBAR BAR   | LLC                          |                                       |  |
|--|---|------------------------------|---------------------------------------|--|
| (Name of the Limited I   | Liability Company as it now ap<br>Florida Limited Liability Compa | pears on our records.<br>ny) |                                       |  |
| The Articles of Organization for this Limited Lia  | bility Company were filed on                                      | April 27, 200                | and assigned                          |  |
| Florida document number <u>Lo 6000 441</u>   | 18  | ,                            |                                       |  |
| This amendment is submitted to amend the follow  | wing:   |                              |                                       |  |
| A. If amending name, enter the new name of   | the limited liability company                                     | here:                        |                                       |  |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limited Liability Co                                   | mpany," the designation      | 88.                                   |  |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | _   | on our records, <u>enter</u> | the name of the new                   |  |
| registered agent and/or the new registered on  | ice address here.   | ,                            | · · · · · · · · · · · · · · · · · · · |  |
| Name of New Registered Agent:  | JAMES A. MIL  | LER                          | MHII: 0                               |  |
| New Registered Office Address:   | 425 12th 5  |                              | 9m -                                  |  |
| (Enter Florida street address)   |   |                              |                                       |  |
|  | Bradentin   | , Florida _                  | 34205                                 |  |
|  | (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.

(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>Address</u> Type of Action <u>Title</u> <u>Name</u> ☐ Add Remove MARM Add Remove Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated DEC 27 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00