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EXAMINER



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9 SEP 16 AH 8: 52
SECRETARY OF STATE
ALLAHASSEE FLORID

FILED

COVER LETTER

Division of Corporations							
SUBJECT:	DOMINICAN TOB	ACCO PRODUCTS LL	С				
	Name of Limited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	_						
	MIGUEL ESTRELLA						
	Name of Person						
	DOMINICAN TOBACCO PRODUCTS LLC						
		Firm/Company					
	6405 NW 36 STREET, STE 135						
		Address					
	MIAMI, FL 33166						
	City/State and Zip Code						
	dominicantobacco@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For further information co	oncerning this matter, please o	eall:					
Mig	guel Estrella	at (305)	5261011				
Name of		Area Code & Daytime	Telephone Number				
Enclosed is a check for th	e following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 2 Sectio				

MAILING ADDRESS:

TO:

Registration Section

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

	<u>inican Tobac</u>			
(<u>Name of the Limite</u>	d Liability Compa A Florida Limited I	i <u>ny as it now ap</u> Liability Compa	pears on our records.)	
· ·		• • •	• /	
The Articles of Organization for this Limited	Liability Company	were filed on	03/14/2007	and assigned
Florida document numberL0700002	27723			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited ligh	sility company	hara	
A. If amending hame, enter the new hame	or the infilted hat N/A		<u>nere</u> .	
The new name must be distinguishable and end w			ompany." the designation "I	LC" or the abbreviation
"L.L.C."				
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE				
· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICI	F ROX)			
	<u>, , , , , , , , , , , , , , , , , , , </u>			
B. If amending the registered agent and			on our records, enter t	he name of the new
registered agent and/or the new registered	office address her	<u>·e</u> :		
	N1/A			
Name of New Registered Agent:	N/A			1 SE
New Registered Office Address:	N/A			ြုံ တို
			Enter Florida street add	P
		N/A	, Florida	SS NTA
		City		Zip Gele
New Registered Agent's Signature, if changing	Registered Agent:	<u>:</u>		8: 52 STATE
I hereby accept the appointment as register	and accept and acc	una ta gat in tl	is canacity. I further ac	
the provisions of all statutes relative to the	proper and comp	ee to act in in dete performa	ns capacity. I further agi ince of my duties, and I d	am familiar with and
accept the obligations of my position as reg	gistered agent as	provided for i	in Chapter 608, F.S. Or,	if this document is
being filed to merely reflect a change in the	e registered office	e address, I he	reby confirm that the lin	nited liability

company has been notified in writing of this change.

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>	Address	Type of Action
MGRM	Juana Lustrati	5050 NW 7th Street, Apt 802 Miami, FL 33126	_ Add ☑ Remove
<u>MGRM</u>	Myrna Estrella	6405 NW 36 Street, Ste 135 Miami, FL 33166	Add ✓ Remove
<u>MGRM</u>	Roberto Estrella	6405 NW 36 Street, Ste 135 Miami, FL 33166	Add _☑ Remove
MGRM	Adalgisa Jimenez	6405 NW 36 Street, Ste 135 Miami, FL 33166	Add Remove
<u>MGRM</u>	Enmanuel Estrella	6405 NW-36 Street, Ste 135 Miami, FL 33166	_□Add □☑Remove
MGRM	Jose Estrella	6405 NW 36 Street, Ste 135 Miami, FL 33166	Add _ ⊘ Remove
		s) here: (Attach additional sheets, if necessary.) 95 NW 36 Street Ste 135, Miami FL 33166	<u>5</u> -
 Dated) / / M	authorized representative of a member guel Estrella printed name of signee	5 F M

Page 2 of 2

Filing Fee: \$25.00