

LOT 000059307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

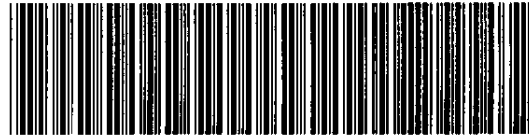
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100207920491

05/20/11--01029--001 **30.00

FILED

2011 MAY 25 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 26 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2011

CURTIS MART
1 KING STREET PLAZA, UNIT 103
ST. AUGUSTINE, FL 32084

SUBJECT: CUBAN CORNER CIGARS LLC
Ref. Number: L07000059307

We have received your document for CUBAN CORNER CIGARS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 211A00012659

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 25 AM 9:32

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cuban Corner 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:

Curtis L Mart

Name of Person

Cuban Corner Cigars LLC

Firm/Company

1 King Street Plaza - Unit 103

Address

St Augustine FL 32084

City/State and Zip Code

cmart7982@yahoo.com

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

For further information concerning this matter, please call:

Curtis L Mart

Name of Person

at (352)

348-5807

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

FILED
2011 MAY 25 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cuban Corner 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 Liability Company were filed on June 5, 2007 and assigned
Florida document number L07000059307.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 MAY 25 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Curtis L Mart

New Registered Office Address:

Enter Florida street address

Florida

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

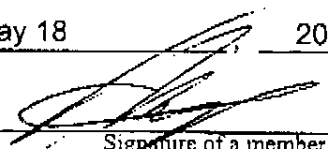
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Curtis Hand	1 King Street Plaza Unit 103 St Augustine, FL 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Curtis Hand	1 King Street Plaza Unit 103 St Augustine, FL 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Curtis L Mart	1 King Street Plaza Unit 103 St Augustine, FL 32084	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated May 18, 2011


Signature of a member or authorized representative of a member

Curtis L Mart
Typed or printed name of signee

FILED
MAY 25 PM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA