

LO7 000 120904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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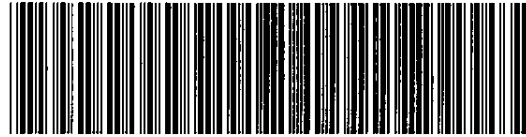
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 24 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AROMAS OF HAVANA CIGAR & LOUGNE 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:

NORMAN C. POWELL

Name of Person

LAW OFFICES OF NORMAN C. POWELL

Firm/Company

17100 N.E. 19TH AVENUE

Address

NORTH MIAMI BEACH, FLORIDA 33162

City/State and Zip Code

N@NORMANCPOWELL.COM

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

For further information concerning this matter, please call:

NORMAN C. POWELL

Name of Person

at (786)

279-1600

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

AROMAS OF HAVANA CIGAR & LOUGNE 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 12/05/2007 and assigned
Florida document number L07000120904.

This amendment is submitted to amend the following:

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

AROMAS OF HAVANA LLC

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)

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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: NORMAN C. POWELL

New Registered Office Address: 17100 N.E. 19TH AVENUE

Enter Florida street address

NORTH MIAMI BEACH, Florida 33162
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

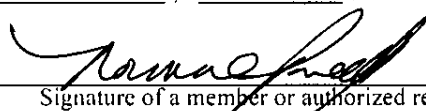
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DUVIER GONZALEZ	16694 N.W. 89TH COURT MIAMI LAKES, FLORIDA 33018	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CARMEN HERNANDEZ	9024 S.W. 206TH STREET MIAMI, FLORIDA 33189	<input type="checkbox"/> Add <input checked="" 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

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 TALLAHASSEE, FLORIDA

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

Dated MAY 17, 2011



Signature of a member or authorized representative of a member

NORMAN C. POWELL

Typed or printed name of signee