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(Cit	ty/State/Zip/Phon	e #)
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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

AROMAS OF HAVANA 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:

Patrick Gonya

Name of Person

Carey Rodriguez Greenberg O'Keefe, LLP

Firm/Company

1395 Brickell Avenue, Suite 700

Address

Miami, Florida 33131

City/State and Zip Code

pgonya@careyrodriguez.com

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

For further information concerning this matter, please call:

Patrick Gonya

.., 305 **, 356-547**8

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

FILED SECRETARY/OF STATE DIVISION OF CORPORATIONS

2012 DEC 19 PM 2: 43

AROMAS OF H	HAVANA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Jiability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company		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 liab	ility company hei	<u>:e</u> :	
AROMAS CIGAR LOUNG	E LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	my," the designation "L	LC" or the abbreviation
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)			
THE STATE OF THE S			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on <u>e</u> :	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			_		
			Remove		
			_		
			Add		
			Remove		
			_		
			_ Add		
			_ Remove		
			_		
			Add		
			Remove		
			_		
			Add		
			Remove		

D. 1	If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary) SEGREI IVISION I	FILE TARY OF CO	10 OF 5 RP09	PATE PATION:
	2	2012 DEC	19	PM	2: 43
Date	December 18 , 2012				
	Signature of a member or authorized representative of a member				
	Patrick Gonya Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00