6/3/2019 Division of Corporations

L07000120904

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AROMAS CIGAR LOUNGE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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5 page fax

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June 5, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AROMAS CIGAR LOUNGE LLC
14781 BISCAYNE BLVD., #320
N. MIAMI BEACH, FL 33181

SUBJECT: AROMAS CIGAR LOUNGE LLC
REF: L07000120904

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Octavia L Simmons FAX Aud. #: H19000176244
Regulatory Specialist II Supervisor Letter Number: 719A00011253

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Aromas Cigar Lounge 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:

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1835 NE Miami Gardens Drive, Ste. 454
North Miami Beach FL 33179

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1835 NE Miami Gardens Drive, Ste. 454
North Miami Beach FL 33179

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, **Florida** 33324
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 605, 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.

Kimberly Laughrey, Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, __enter the title, name, and address of each person being added or removed from our records:__

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
________	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
________	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
________	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
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		______________________________	☐ Remove
		______________________________	☐ Change
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		______________________________	☐ Remove
		______________________________	☐ Change
________	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

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

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 3, 2019

Signature of a member or authorized representative of a member

Kevin Wagner

Typed or printed name of signee

Filing Fee: $25.00