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B. KOHR

DEC - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Liberty Cigar Company LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 DEC -2 PM 12:43

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosanna DeMarco
Name of Person

The Liberty Cigar Company LLC
Firm/Company

5775 Benevento Drive
Address

Sarasota, Florida 34238
City/State and Zip Code

Rosanna0928@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosanna DeMarco at (941) 487-7043
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
09 DEC -2 PM 12:43

The Liberty Cigar Company, 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 December 5, 2007 and assigned Florida document number LO7000121014.

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)

5775 Benevento Drive
Sarasota, FL 34238

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(same as above)

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:

Rosanna DeMarco

New Registered Office Address:

5775 Benevento Drive

Enter Florida street address

Sarasota

City

, Florida

34238

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.

Rosanna DeMarco
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>
MGR	Rosanna DeMarco	5775 Benevento Dr. Sarasota, FL 34238	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Frederick DeMarco	5775 Benevento Dr. Sarasota, FL 34238	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Vincent DeMarco	5775 Benevento Dr. Sarasota, FL 34238	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALDEN DOANE	5675 CABRERA CT SARASOTA FL 34238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JO ANN DOANE	5675 CABRERA CT. SARASOTA, FL. 34238	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated November 30, 2009.

Rosanna DeMarco

Signature of a member or authorized representative of a member

Rosanna DeMarco

Typed or printed name of signee