

LD80000084956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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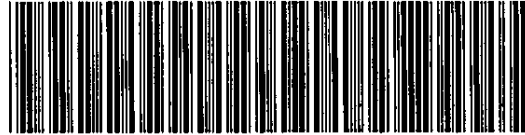
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2016 MAY -9 P 1:00

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MAY 10 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUMAR CIGARS ECO, 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:

THOMAS F. HUDGINS

Name of Person

THOMAS F. HUDGINS, PLLC

Firm/Company

2800 DAVIS BLVD., SUITE 203

Address

NAPLES, FL 34104

City/State and Zip Code

ted@naplestax.com

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

For further information concerning this matter, please call:

CONNIE COMUNALE

239 263-7660
at ()

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

2016 MAY 9 1:00
SECRET
TALLAHASSEE
FLORIDA

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

FUMAR CIGARS ECO, 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 09/12/2008 and assigned Florida document number L08000086956.

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 "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) _____

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:

THOMAS F. HUDGINS

New Registered Office Address:

2800 DAVIS BLVD., SUITE 203

Enter Florida street address

NAPLES

City

Florida

2016 MAY -
FILED
ST. PETERSBURG
COUNTY OF ST. PETERSBURG
FLORIDA
34104
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.



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILSON, ROGER D	12811 Commerce Lakes Dr #25	<input type="checkbox"/> Add
		FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WILSON, REBECCA	12811 Commerce Lakes Dr #25	<input checked="" type="checkbox"/> Add
		FT. MYERS, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
REP	SCHNEIDER, JAMES HOWARD	1281 Commerce Lakes Dr #25	<input type="checkbox"/> Add
		FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 MAY -
P. 00

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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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA