

LD8000100912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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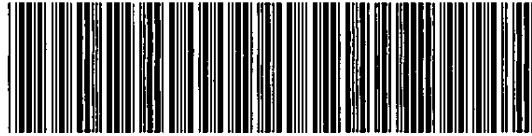
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIGARS TO GO 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:

Kyle Gunter
Name of Person
Cigars To Go LLC
Firm/Company
4840 Fiorazante Ave Orlando
Address
Orlando FL 32839
City/State and Zip Code
Kyle.Gunter@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Gunter at (407) 383-9453
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

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CIGARS TO GO LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-28-08 and assigned
Florida document number 208000100912.

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)

4840 Fiorazante Ave
Orlando FL 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4840 Fiorazante Ave
Orlando FL 32839

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:

Kyle Gunter

New Registered Office Address:

4840 Fiorazante Ave

Enter Florida street address

Orlando

City

Florida 32839

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.

[Signature]
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>
MGM	Menderes Aksu	4073 Viosca P. Orlando FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	Erkan Aksu	4073 Viosca PL. Orlando FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	Serdar Sirkeci		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	Kyle Gunter	4840 Fiorazante Ave Orlando FL 32839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.


Signature of a member or authorized representative of a member

MENDERES AKSU
Typed or printed name of signee

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TALLAHASSEE FLORIDA