L0900030419

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SECRETABLE SECRETARIES

S. HAWKES

APR 2 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: CUMU	LUS CIGARETTES I		
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Curtis D. Helsel		
		(Name of Person)	
	Cumulus Cigarettes LLC		
		(Firm/Company)	
	2135 Palm Place DR NE		
		(Address)	·
	Palm Bay, Florida 32905		
		(City/State and Zip Code)	
For further information	concerning this matter, please ca	all:	
Curtis D. Helsel		at (321) 698-4886	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	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

CUMULUS CIGARETTES 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 Liabi	lity Company were filed on March 30, 2009	and assigned
Florida document number L09000030419	·	SECRET
This amendment is submitted to amend the following	ng:	SSS 20 MI
A. If amending name, enter the new name of th	e limited liability company here:	
Cumulus Vapor LLC		5
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida st	root addross)
	·	,
-	(City), Flor	ida (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

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). If amending ar	ny other information, e	anter change(s)		additional sheets it		
o. If amonding an	ly other miormation, t	anter change(s)	Here. (Anach	uaantonat sneets, tj	necessary.)	
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	M5 40					
Dated Thursday, A	pril 16	, 2009	·			
	()	ABAN	1/			
	Signature Curtis D. Hel		authorized repre	sentative of a member	r	

Page 2 of 2

Filing Fee: \$25.00