L10000035632

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:								
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)							
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Office Use Only



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T. HAMPTON

MAY 1 8 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora	i tions		۰ نم		A.	
SUBJE		CHURCHILI	LS CIGARS, LLC				
SOBSE			ed Liability Company	· · · <u>-</u>	<u> </u>		
The end	closed Articles of Ame	ndment and fee(s) are subn	nitted for filing.				
Please	return all corresponder	ce concerning this matter to	o the following:				
	_	N	MILOVAN ALEKSIC				
			Name of Person				
		CHUF	RCHILLS CIGARS, L	.LC			
			Firm/Company				
		4521 PGA BLVD, #309 Address					
	_		Address				
		PALM BEACI	H GARDENS, FLOR	IDA 33418			
	_		City/State and Zip Code				
	_	mik	e@clubchurchill.com				
-			•	ori nouncation)			
For fur	ther information conce	rning this matter, please cal	II:				
	MILOVA	N ALEKSIC	at (_561)	633-9		_	
	Name of Pers	on	Area Code &	Daytime Teleph	one Number	_	
Enclose	ed is a check for the fo	lowing amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e		\$60.00 Filing Fee Certificate of S Certified Copy (additional copy	tatus &	

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

CHURCHILL	S CIGARS, LLC			
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on	4/1/2010	and assigned	
Florida document numberL10000035632				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here	:		
The new name must be distinguishable and end with the words "L	imited Liability Compan	y," the designation "I	LC" or the abbreviation	
L.L.C."			<u></u>	
Enter new principal offices address, if applicable:			3 ≤ 8	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		H OF	
		-		
			PA	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because in the new registered office address because		ır records, <u>enter t</u>	he name of the nev	
egistered agent under the new registered office agent easi.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address **Title** Type of Action Name **MGRM GARY J GIANNOTTI** 11256 66TH STREET NORTH ☐ Add WEST PALM BEACH, FL 33412 ✓ Remove MGR ANGRY MOON CIGARS INC 1200 TOWN CENTER DRIVE, #107 JUPITER FL 33458 Remove □Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ADD FEI/EIN #27-2259983 TO COMPANY RECORD MAY 14 2010 Dated ___ Signature of a member or authorized representative of a member MILOVAN ALEKSIC Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00