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EXAMINER

COVER LETTER

Division of Cor	porations	-			
SUBJECT: INTERNATIONAL CIGARETTES TRADING GROUP LLC. Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
		JIM ABDIN			
		Name of Person			
	INTERNATIONAL (CIGARETTES TRADING	GROUP LLC.		
	 	Firm/Company			
	8	536 Summerville Pl.			
		Address		_	
				78. TA:SI	
	Orlando FI 32819				N. Company
City/State and Zip Code			至 3		
		nabdin@hotmail.com		2010 APR 22 SECRETARY TALLAHASS	1
	E-mail address: (t	o be used for future annual report noti	fication)		1.
For further information c	oncerning this matter, please ca	મી:		OF STATE	1.
	Jim Abdin	at (_407_)	718 7270	756 PRIO/ PRIO/	
	f Person		ne Telephone Number		
			-		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	e of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

INTERNATIONAL CIGARETTES TRADING GROUP LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for	or this Limited Liability Compan	y were filed on	04/12/2010	and assigned
Florida document number	L10000038939 .			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company her	e:	
The new name must be distingui "L.L.C."	shable and end with the words "Lin	nited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			7.5 28
(Principal office address MUS	ST BE A STREET ADDRESS)		i t	THE STATE OF THE S
				SSEE
Enter new mailing address, i	f applicable:		**************************************	mg 72
(Mailing address MAY BE A	POST OFFICE BOX)		<u></u>	55 5
				<u> </u>
	red agent and/or registered o ew registered office address he		ur records, <u>enter (</u>	he name of the new
Name of New Regist	ered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office	ce Address:			
		Enter Florida street address		
		, Florida		
		City		Zip Code
New Begintened Agentle Signet	une if abonding Degletaned Agent	ba.		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ABDIN JIM A	8536 Summerville pl.	✓ Add
		Orlando FI 32819	US Remove
			Demove.
		<u></u>	Tomovo .
			Add Remove
			Remove
			2010 A
			ASSET 2
			Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional shee	ets, if necessary.)
			
	04/20	2040	
Dated	04/20		
	Signatu	re of a member or authorized representative of a me	mber
		JIM A ABDIN Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00