

L10000056439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

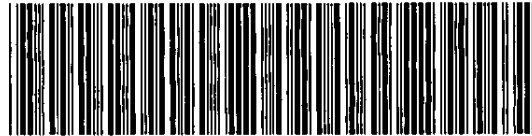
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2014 DEC 29 PM 4:38
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14 DEC 29 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muchos Cigaros 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:

Travis Butts
Name of Person

Muchos Cigaros LLC
Firm/Company

148 D Locke St.
Address

Tallahassee FL 32303
City/State and Zip Code

gototheforest@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Butts at (850) 294-6278
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Muchos Cigaros 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 5/25/2010 and assigned
Florida document number L 10000056439

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2020 West Pensacola St Unit 170
Tallahassee, FL 32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Travis Butts

New Registered Office Address:

2020 W. Pensacola St. Unit 170

Enter Florida street address

Tallahassee

City

Florida

32304

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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MGR	Travis Butts	2020 W. Pensacola St. Suite 170	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove

MGR	Brian Poggie	1505 Jackson Bluff Rd	<input type="checkbox"/> Add
		Tallahassee FL 32304	<input checked="" type="checkbox"/> Remove

Remove
14 DEC 29 PM 4:40
Add
Remove
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

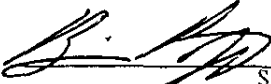
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/29/14



Signature of a member or authorized representative of a member

Brian Poggie

Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA