

**L10000090851**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

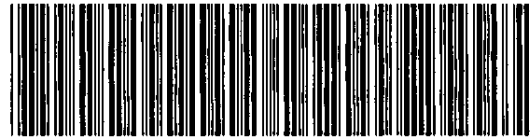
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/18/13--01011--025 \*\*25.00

**FILED**

**13 APR 18 PM 3:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**C. LEWIS**  
**APR 19 2013**  
**EXAMINER**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **TOBACCO IMPORTS, 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:

**Marci Lowman, Esq.**

Name of Person

**Kim & Lowman, LLP**

Firm/Company

**8620 NE 2 Avenue**

Address

**Miami, Florida 33138**

City/State and Zip Code

**ml@kimandlowman.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marci Lowman, Esq.**

Name of Person

at ( **305** ) **981-4477**

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**

**13 APR 18 PM 3:43**

**TOBACCO IMPORTS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 30, 2010 and assigned  
Florida document number L10000090851.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

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

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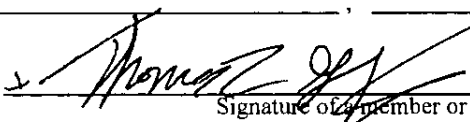
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas Gjersvig	321 Southbrook Circle Mankato, MN 56001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Dunia de los Angeles Corrales Flores	Residencial Villas de la Riviera 2 cuadras Este de la entrada principal Casa esquinera a mano derecha; Estelí, Estelí, Nicaragua	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Guillermo Calvo, Sr.	2450 NE 135TH ST APT 403 NORTH MIAMI, FL 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Victor Calvo, Jr.	10837 NW 29 ST MIAMI, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Victor Calvo, Jr.	10837 NW 29 ST MIAMI, FL 33172	<input checked="" 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.)*

The Power of Attorney from Victor Calvo, Jr. to Guillermo  
Calvo, Sr. to sign on behalf of the LLC has been revoked.

Dated April 8, 2013



Signature of member or authorized representative of a member

Thomas Gjersvig, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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