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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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J. SAULSBERRY EXAMINER SEP 20 2012

COVER LETTER

Division of Corporations
SUBJECT: Rollin EZ Tobacco 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:
Christine Albert Name of Person
ROLLIN EZ TOBACCO LLC Firm/Company
12 Raceteack Rd. NW Address Address
Foot Walton Beach, FL 32547 E G
For further information concerning this matter, please call: Address For Address For FL 30547 ACTION BEACH, FL 30547 City/State and Zip Code Cherstine @ Rollin Ez tobacco. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Christine Albert at (216) 385-5362 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$
MAILING ADDRESS. STREET/COURIED ADDRESS.

MAILING ADDRESS:

٠.

Registration Section

TO:

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

Rollin EZ Tobacco LL	- C	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	-
The Articles of Organization for this Limited Liability Company were filed on Florida document number \(\begin{array}{c c c c c c c c c c c c c c c c c c c	$\frac{3 3 2011}{}$ and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company		
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	Company," the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:	P _{co}	26
(Principal office address MUST BE A STREET ADDRESS)		20
	HET	g T
	SSE	9
Enter new mailing address, if applicable:	E OF	
(Mailing address MAY BE A POST OFFICE BOX)	STA OR	ري بي
AMARING MATERIAL BEATOST OF LICE BOAT	27 Om	02
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the nam	e of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
City	, Florida	
·	Zipc	.Ouc
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			
<u>MGRM</u>	Jenee Patkrson	422 N. Cedar Ave Niceville, FL 32578	Add Remove			
<u>MGRM</u>	Shayna Patterson	422 N. Cedar Ave Niceville; FL 32578	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If an	Address change for New address is	336 Virginia Ave,	ZOIZ SEP 19 SECRETARYO			
Dated _	Signature of a member of the Stine Alb	<u>) (2</u> . ,	AM 9: 02			
	i yped oi	himor name of signer				

Page 2 of 2

Filing Fee: \$25.00