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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co		•	·			
SUBJECT:		stom Blended Tobacco				
	f Amendment and fee(s) are sul	_	,			
		Robert Ready Name of Person				
High Roller Custom Blended Tobacco LLC Firm/Company						
301 Clematis st #204 Address						
	W6	est palm beach fl 33401 City/State and Zip Code				
٠	E-mail address: (crsjr79@yahoo.com to be used for future annual report notific	cation)			
	concerning this matter, please of	eall:	•			
	narlie Stevens of Person	at (561) & Area Code & Daytime	502-9720 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

High Roller Custom Bl	<u>ended Tobacc</u>	o LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears of ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000037205	were filed on	3/28/11	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company	," the designation "L	LC" or the abbreviation
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 here	ice address on our	records, enter t	
Name of New Registered Agent: New Registered Office Address:		TĀ LL	
		Florida street add	AR 31
New Registered Agent's Signature, if changing Registered Agent:	City	E, FLORI	SZip Pode TO
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pa	ete performance of	my duties, and I a	m familiar with and

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 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>	Name	Address	Type of Action
mgrm	Charlie Stevens	301 Clematis St #204 West Palm Beach FL 33401	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ling any other informatio	on, enter change(s) here: (Attach additional sheets, if necessa	ry.)
	-		
Dated	3/29/		
•	£7_		
	Signat	ture of a member or authorized representative of a member	
		Robert Ready	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00