Florida Department of State

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Corporate Filing Menu

Help J. BRYAN

JUN 14 2011



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SANTA TOBACCOO	LLC Name of Limited Liability Company)	
The enclosed Articles of Amendment and Please return all correspondence concerning	-	
Barbara Da	ang	
	(Name of Person)	38 ±
Legalzoom	n.com, Inc. (Pirm/Company)	JUN 13 AM CRETARY OF LAHASSEE.
	(and company)	1.55 1.55 1.55 1.55
100 W. Bro	padway Suite 100	
	(Address)	FLS
Glendale,	CA 91210	FI ORIU
- Cloridale;	(City/State and Zip Code)	
For further information concerning this ma	atter, please call:	
Barbara Dang	at (323_) 962-8600	
(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amor	unt:	
\$25.00 Filing Fee \$30.00 Filing Certificate	g Fee & Status c of Status 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 Taliahassee, 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



SANTA TOBACCOO LLC

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

(A Florida Limited Liability Company)

(1111	the Bullion Bluesley County		
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>05/12/2011</u>	and assigned	
Florida document number <u>L11000056186</u>	-		
This amendment is submitted to amend the following	og:		
A. If amending name, enter the new name of the	e limited liability company here:		
Santa Tobacco LLC			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the de	signation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our recor- address here;	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
		Florida	
•	(Ctty)	(Zip Code)	
New Registered Agent's Signature. If changing Reg	stered Agent:		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of my dut ed agent as provided for in Chapter 60 istered office address, I hereby confirm	ies, and I am familiar with and 8, F.S. Or, if this document is	
•	(If Changing Registered Agent, Signatu	re of New Registered Agent)	

Page 1 of 2

GR = M GRM =)	anager Managing Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Kentove
	*		Add Remove
			Add
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
,	Name		Add Remove
If amer	iding any other information	a, enter change(s) here: (Attach additional sheets, if necess	ary.)
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ted	6/9/11		AH SP
	Walus All	re of a member or authorized representative of a member	ORIDA 6

Page 2 of 2

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