L11000067868

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07/25/11--01055--002 **25.00

11 JUL 25 PH 1:56

T. HAMPTON



COVER LETTER

TO:	Registration Section Division of Corp		•				
SUBJE	CT:	Snuff	Saver, LLC	, 			
Name of Limited Liability Company							
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please 1	return all correspon	dence concerning this matter	to the following:				
		Loga	an York or Ashley Treise				
			Name of Person				
			SnuffSaver, LLC				
			Firm/Company				
		400 (Capital Circle SE #18221				
•			Address				
-		Т:	allahassee, FL 32301				
			City/State and Zip Code				
		E-mail address: (1	uffsaver@yahoo.com o be used for future annual report notifica	tion)			
For furt	ther information co	ncerning this matter, please c		,			
Logan York or Ashley Treise			at (850) 22	22-5326			
	Nume of	Cison	riida Code de Dayiano .				
Enclose	ed 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 FILLU ARTICLES OF ORGANIZATIONS OF OF

11 JUL 25 PH 1:56

		11 305 23 11	, , 00			
SnuffSav SnuffSav	er. LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	rs on our records.)				
(A Florida Limited L	Liability Company)					
		00/40/0044				
The Articles of Organization for this Limited Liability Company	were filed on	06/10/2011	and assigned			
Florida document numberL11000067868						
		•				
This amendment is submitted to amend the following:						
A 16 amount and a second secon	ilite sammanı han					
A. If amending name, enter the new name of the limited liab	mity company ner	<u>e</u> .				
The new name must be distinguishable and end with the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbreviation			
"L.L.C."						
E-to-non-ninglaffing address if applicables	400 Capital C	'ircle SE #18221				
Enter new principal offices address, if applicable:	400 Capital Circle SE #18221					
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee,	FL 32301				
	400.0	OF #40004				
Enter new mailing address, if applicable:	400 Capital Circle SE #18221					
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32301					
70	w		L of the new			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter d</u>	ne name of the new			
registered agent and/or the new registered office address her	<u>c</u> .					
Name of New Registered Agent:						
New Registered Office Address:		. 51 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
	Enter Florida street address					
		, Florida				
	City	, Florida	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 Mañaging Member being added or removed from our records:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE JIVISION OF CORPORATIONS 11 JUL 25 PM 1:56
Dated	July 21,	2011 .	35
		nber of authorized representative of a member Logan M. York ped or printed name of signee	

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Filing Fee: \$25.00