## 11000093094

(Requestor's Name)	
(Address)	10021
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)  (Document Number)	10/20/11
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**EXAMINER** 

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11 OCT 20 PH 4: 54 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: XCIG 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:
Grey Walker  Name of Person  XCIG LLC  Firm/Company  836 NE 5th Ter. Ste 12  Address  Cape Coral FL 33909  City/State and Zip Code
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:  Grey Walker  at (607) 242 - 8965  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{Status Fee & Certified Copy (additional copy is enclosed)} \text{Solon Filing Fee & Certified Copy (additional copy is enclosed)} \text{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

XCIG LLC					
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it	now appears on our	records.)		
(71)	nida Emined Elabinty	Company)			
The Articles of Organization for this Limited Liabi	lity Company were f	iled on <u>8/18</u>	11/	and assi	gned
Florida document number L 11000	095296	<del>(</del>			
		•			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability co	mpany here:			
Electronic Cigarette	Taken	1	Consider	, L	LC
The new name must be distinguishable and end with the	e words "Limited Lial	pility Company," the	designation '	'LLC" or the al	obreviation
"L.L.C."					
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A				, <u>-</u>	<del></del>
[Frincipal Office address MOST BE A STREET A	DDRESS)				<del></del>
	<del></del>			···	
Enter new mailing address, if applicable:		<del></del>			
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		<del></del> · · · ·		<del></del>
B. If amending the registered agent and/or		dress on our reco	ords, <u>enter</u>	the name of	the new
registered agent and/or the new registered office	address here:			ESE =	
				LS S	77
Name of New Registered Agent:				75 N	\$100E
New Registered Office Address:				O _	[ [##]#¶
The Windstated Office Address.		Enter Flori	ida street ad	diess =	<b>₽</b>
			E72 * *	101 115 114	U
-	City	·	, Florida _	Zip Code	
	Cny			D-7	

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 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:

	<u>Name</u>	Address	Type of A
			Add Remove
<u> </u>			Add Remove
_			Add Remove
			Add Remove
			Add Remove
_			Add Remove
ameno	ling any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	<b></b>
			_
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	10/18, 2	011	

Page 2 of 2

Filing Fee: \$25.00