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13 APR 24 PH 1: 19 SECRETARY OF STATE ALL AHASSEE ELODINA

K.SALY EXAMINER APR 25 2013

COVER LETTER

SUBJECT:	Ya	rik Cigars,LLC			
	Name of Lim	ted Liability Company			
	f Amendment and fee(s) are sultoned ondence concerning this matter	-			
•	·	Ū			
		Name of Person			
		Yarik Cigars,LLC			
		Firm/Company			
P.O. Box 601635					
	·	Address			
	N.	Miami Beach, FL 33160			
City/State and Zip Code					
bills1233@msn.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	-			
Gregory Bass Name of Person		at (888) 481-1199 Area Code & Daytime 1	Calambana Manaban		
, Name	of Person	Area Code & Dayume	elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
and the second s	LING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 APR 24 PM 1:39

SECRETARY OF STATE
Ords.)

Yarik Cigars,LLC

(Name of the Limited Li (A F)	ability Company as it now apported Limited Liability Company	ears or	our records.).	FLORIDA
The Articles of Organization for this Limited Liab	ility Company were filed on _	FL	10/20/2011	and assigned
Florida document number <u>L11000120297</u>	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Con	npany,"	the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:	Р	.O. B	ox 601635	
(Mailing address MAY BE A POST OFFICE BO	N.Mi	N.Miami Beach, FL 33160		
B. If amending the registered agent and/or registered agent and/or the new registered office		ı our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Gregory Bass			
New Registered Office Address:	venue			
	Enter Florida street address			
	N.Miami Beach		, Florida	33160
	City		-	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

Page 1 of 2

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>	<u>Address</u>	Type of Action
MGRM	Alexander Bass	PO Box 601635	∑ Add
		North Miami Beach, FL 33160	Remove
MGRM	Yaroslav Nakonechnyy	17026 Collins Avenue Sunny Isles Beach, FL 33160	Add X Remove 33160
			Add Remove
		·	Add Remove
			Add Remove
	·		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.))
			_
Dated	April 15th 2		
	llen		_
	_	er or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00