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## **COVER LETTER**

	Registration Se Division of Cor		* •	
SHID IEZ	MOYER L	OGISTICS LLC		
SOBJEC	V: <u></u>	Name of Lim	ited Liability Company	· · · · · · ·
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ALLEN MOYER		
			Name of Person	
		MOYER LOGISTICS LL		
			Firm:Company	<del></del>
	320 EAST 132ND AVENUE	UE		
			Address	
		TAMPA, FL 33612		
		<del></del>	City/State and Zip Code	
		hitepatricia@gmail.com		V
		E-mail address; (	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please co	ıll:	
PATRIC	ЛА НІТЕ		813 985-2016	
	Name o	of Person	at ()	ac Felephone Number
Enclosed	Lis a check for t	he following amount:		
<b>\$25.</b>	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)
	MAIL	ANG ADDRESS:	STREET/COUR	JER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32,301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Fiability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01}{2}$ Florida document number $\frac{1.120000000354}{1.120000000354}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company be	ere:
CIGAR CITY LOGISTICS LLC	·
The new name must be distinguishable and contain the words "Limited Fability Company." the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	gr (6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P T
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	
Later Flor	ndo street address

## 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 605, 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.

 $\epsilon m$ 

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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	ated 3/11/19		_ ·		
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Signature of a member or authorized representative of a member	Signature	e of a member or author	ized representative of a mo	ember	<del></del>
ALLEN J MOYER	ALLEN I MOVER				

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Filing Fee: \$25.00