

L12000005383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300264879153

FILED

15 JAN - 8 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JAN - 8 PM 4:19

DIVISION OF CORPORATION

JAN - 9 2015

T. BROWN

ACCOUNT NO. : I20000000195

REFERENCE : 453407 7266798

AUTHORIZATION :

COST LIMIT : \$60.00

Lyndee DeMa

ORDER DATE : January 8, 2015

ORDER TIME : 3:13 PM

ORDER NO. : 453407-005

CUSTOMER NO: 7266798

DOMESTIC AMENDMENT FILING

NAME: CIGAR CITY SMOKED SALSA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 JAN -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cigar City Smoked Salsa, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/11/2012 and assigned
Florida document number L12000005383

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5106 North 30th Street

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33610

Enter new mailing address, if applicable:

5106 North 30th Street

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33610

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Roy Kane

New Registered Office Address:

5106 North 30th Street

Enter Florida street address

Tampa

City

, Florida 33610

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

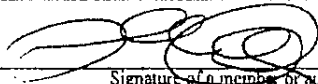
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Salvatore A. Arena	14301 Sky Flower Lane	<input type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" type="checkbox"/> Remove
MGR	Ty M. Rodriguez	14301 Sky Flower Lane	<input type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" type="checkbox"/> Remove
MGR	Anthony J. Trespalacios	14301 Sky Flower Lane	<input type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" type="checkbox"/> Remove
MGR	Roy Kane	5106 North 30th Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 8, 2015



Signature of a member or authorized representative of a member

Derek E. Larsen-Chaney, Esq.

Typed or printed name of signer