# #1/200053900

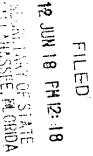
(Requ	uestor's Name)	
(Addi	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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K.SALY EXAMINER JUN 20 2012

### **COVER LETTER**

TO: Registration' Section ' Division of Corporations			
SUBJECT: MEL ROSE C 16 A R 5  Name of Limited Liability Company			
Thing of Entire Educating Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MEL ROSENBERGER			
MEL Ros = CIGARS, LLC			
10844 WATER BELLY Dr			
BOCA PATON, FL. 33498			
City/State and Zip Code  Mel Rose of Code  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Wel Rosenberger at 561, 245.8699			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$6			

**MAILING ADDRESS:** 

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

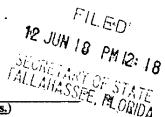
#### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION





Zip Code

(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 we Florida document number \( \bigcup_{\overline{1}\to 0053900}\).	rere filed on April 30, 30 12 and assigned		
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 "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 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.

City

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 Title **Address Type of Action** MGRIM LENSTARK ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00