

L12000 111495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

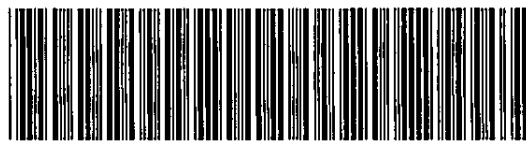
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500247563275

05/13/13--01038--020 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 13 AM 11:57

MAY 14 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KEY WEST CIGAR CO. 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:

John Bultman

Name of Person

Key West Cigar Co. LLC

Firm/Company

16 Sw 1st Ave

Address

Gainesville, FL, 32601

City/State and Zip Code

Bultman64@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Bultman

Name of Person

404 641-0742

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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**

Key West Cigar Co. 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 08/30/2012 and assigned
Florida document number L12000111495

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 13 AM 11:28

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16 Sw 1st Ave

Gainesville, FL, 32601

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:

New Registered Office Address:

16 Sw 1st Ave

Enter Florida street address

Gainesville, FL, 32601

Florida

City

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 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

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>	<u>Type of Action</u>
MGRM	William Nuetzel	7596 Sw 90th Drive	<input checked="" type="checkbox"/> Add
		Gainesville, FL, 32608	<input type="checkbox"/> Remove
MGRM	John R. Bultman	16 Sw 1st Ave	<input checked="" type="checkbox"/> Add
		Gainesville, FL, 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 13 AM 11:58
Add

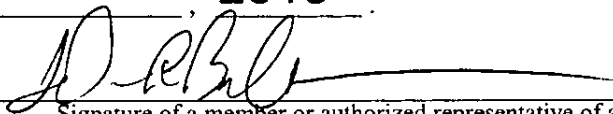
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

John R. Bultman, who is the managing member and the Registered Agent

has changed address, and wants to change his address on documents to 16 Sw 1st Ave

Gainesville, FL, 32601

Dated **May 9th**, **2013**



Signature of a member or authorized representative of a member

John Bultman

JOHN BULTMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 13 AM 11:58