Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20052000052 Phone : (852)656-7956

Fax Number : (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARTESANOS DEL TOBACCO, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		BL TOBACCO, LLC			
(Name of the Lir	nited Liability Cor (A Florida Limi	muany as It now ennears red Liability Company)	on our records.)		
The Articles of Organization for this Limited	Liability Compa	any were filed on $\frac{3\tau d}{c}$	lay of October 2012	and assigned	
Florida document number L12000126539			,		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited li	iability company her	:	•	
ARTESANO DEL TOBACCO, LLC			•		
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if appl	icable:	2537 NW 74 Ave.	, Miami, Florida 3312	2	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		Merk Raphael, CPA, 97 Freeblich Farm Blvd. Woodbury, NY 11797			
B. If amending the registered agent an egistered agent and/or the new registered			our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:					
New Registered Office Address:	2537 NW 74				
		Enter Florida	street address		
	Miami		Florida33	1122	
		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 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.

The Manning Registered Regul, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Billy Fakih	2537 NW 74 Ave., Miami, FL 33122	
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ctive date, if other than the effective date is listed, the date mu of If the date inserted in this b nment's effective date on the D	lock does not meet the ap	plicable statutory	or more than 90 days filing requirement	(optional) s after filing.) Pursuant s, this date will not b	to 635.0 e listed
ecord specifies a delaye ne 90th day after the rec		not an effecti	ve time, at 12:	01 a.m. on the e	earilei
October 26	2018	. /	2/1/	201	
		- ()			
	Signature of a member or o				

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Filing Fee: \$25.00