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| Division of Corpor | | Ŕ ² |
|-------------------------------|---|----------------|
| SUBJECT TABA | PCALERA G. NENOCAL, ILC. | |
| Sebulet | Name of Limited Liability Company | |
| | | |
| The enclosed Articles of An | mendment and fee(s) are submitted for filing. | |
| Please return all corresponde | dence concerning this matter to the following: | |
| | JUAN CARLOS ALEXANDER Name of Person | |
| | Name of Person | |
| | TABACALERA 6. MELOCAC, LIC. Firm/Company | |
| | Firm/Company | |
| | 1221 NW 165TH ST Address | |
| | | |
| | City/State and Zip Code VC & camposetrading.com E-mail address: (to be used for future annual report notification) | |
| | City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | |
| For further information cond | ncerning this matter, please call: | |
| JUAN CARL | Person ALEXANDER at (305) 591-1948 Area Code & Daytime Telephone Number | |
| Name of Po | Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the | following amount: | |
| □ \$25.00 Filing Fee | Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate Opy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | of Status & |

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

| TABACALERA G. | HENOCAL, | 4C. | | | |
|---|---|----------------|--------------------------------|-------------------|---------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now app a Limited Liability Compan | oears on our r | ecords.) | | |
| The Articles of Organization for this Limited Liability Florida document number \(\(\frac{\(\mu\)}{200015959}\) | Company were filed on _ | | | nd assi | gned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lin | mited liability company | <u>here</u> : | | | |
| The new name must be distinguishable and end with the w "L.L.C." | vords "Limited Liability Co | mpany," the do | esignation "LLC" o | r the ab | obreviation |
| Enter new principal offices address, if applicable: | | | the first | | |
| (Principal office address MUST BE A STREET ADL | DRESS) | | > | | · · · · · |
| | | | (85) (10) Marie (10) 110 | | |
| Enter new mailing address, if applicable: | | | | PH | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | | 3: L O | Tangar ² |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | on our recor | ds, <u>enter the na</u> | me of | the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | <u></u> | | |
| | | Enter Florid | la street address | | |
| <u> </u> | | , | 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>Name</u> **Type of Action Title Address** MGR JUAN CARLOS AGUILAR 2650 SW 114TH AVE [MIANI, FL 33165 Remove BRIAN COOPER 200 PROGRESS DR. Add RUSSELL SPRINGS, KY Remove 42642 Remove Remove

| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
| | <u> </u> |
| | |
| | |
| | |
| | |
| ıted | 01/15/2013 |
| | $\left(\right)$ |
| | Signature of a member or authorized representative of a member |
| | VOAN CARTO S ACEXANDER |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00