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PICK-UP	☐ WAIT	MAIL
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J. SAULSBERRY EXAMINER MAY 7 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

El Tison Cigars, 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:

Roberto Rodriguez

Name of Person

El Tison Trading, LLC.

Firm/Company

3515 NW 113 Ct

Address

Doral , FL 33178

City/State and Zip Code

brett@srlawfirm.com

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

For further information concerning this matter, please call:

Roberto Rodriguez

__,305,206-1970

Name of Person

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

El Tison Cigars, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/15/2013	and assigned
Florida document number L13000054874		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	• •
El Tison Trading, LLC.		•
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3515 NW 113 Court	
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178	201
		The state of the s
·		1
Enter new mailing address, if applicable:	3515 NW 113 Court	<u>φ</u> . ω
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178	
		9. 2.
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office address her	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida stre	et address
	, Flori	da _
	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 = Mana MGRM = Ma	iger naging Member		ď
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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			Add. 9: Remove
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If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
_{ed} May 1	2013
M	
Signature o	f a member or authorized representative of a member
Roberto Rodriguez	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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