

L130000146692

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000238393 3)))



H14000238393ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
COSTA RICA EXCLUSIVE TOBACCO COMPANY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 13 2013

A. LUNY

RECEIVED

14 OCT 10 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED

08/21/2032 03:50
OCT-10-2014 FRI 12:11 PM

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2829

#3038 P.002/004

P.002

H14000238393

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COSTA RICA EXCLUSIVE TOBACCO COMPANY 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 10/17/2013 and assigned
Florida document number L13000146692

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 "LLC."

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 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:

Enter Florida street address

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 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.

If Changing Registered Agent, Signature of New Registered Agent

H14000238393

08/21/2032 03:50

#3039 P.003/004

OCT-10-2014 FRI 12:11 PM

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2829

P.003

H14000238393

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMGR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	MANFRED J XIRINACHS	1876 N W 21 TERRACE	<input type="checkbox"/> Add
		MIAMI FL 33142	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 OCT 10 AM 9:32
RECEIVED
SOUTH FLORIDA MEDICOLL

6111

H14000238393

08/21/2032 03:50

OCT-10-2014 FRI 12:11 PM

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2829

#3039 P.004/004

P.004

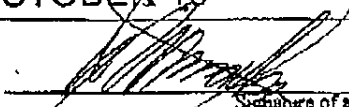
H140002383 93

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 10, 2014



Signature of a member or authorized representative of a member

MANFRED J. XIRINACHS

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
TALLAHASSEE, FLORIDA

2014 OCT 10 AM 9:32

H140002383 93