# 14000001552

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900260735609

06/03/14--01021--002 \*\*25.00

14 JUN -3 PM 3: 07

JUN - 9 2014

T. BROWN

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

100 FIRES CIGARS AT DADELAND, LLC.

SUBJECT:

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:

FRANK MARTINEZ
Name of Person
Firm/Company
PO BOX 371303
Address
MIAMI FL 33137-1303
City/State and Zip Code
FRANK@100FIRESCIGARS COM

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

For further information concerning this matter, please call:

# FRANK MARTINEZ

*",*305、848-8585

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**

## 100 FIRES CIGARS AT DADELAND, LLC.

ARTICLES OF A	AMENDMENT  ORGANIZATION  F  All All All All All All All All All Al
TC	) · · · · · · · · · · · · · · · · · · ·
ARTICLES OF O	RGANIZATION Guy
OF	F BOOK SON
	Alita PH
100 FIRES CIGARS AT DADELAN	ID, LLC.
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
	ORIO A
The Articles of Organization for this Limited Liability Company v	were filed on 01/06/2014 and assigned
Florida document number L14000001552	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limited Liabil	ity 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)	
(Principal Office duaress MOST 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 offi	ice 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 Zin 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

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IBLACKBERRYS.COM INC	19900 NE 36TH PL	
		AVENTURA, FL 3318	O ■ Remove
MGR	FELIPE VALDES	PO BOX 371303	<b>=</b> Add
		MIAMI FL 33137-130	3_□ Remove
<del></del>			
			🗖 Remove
			Remove
			□ ∧dd
			□ Remove
			□ Add
			□ Remove
			_

fective date, if other than the date of effective date must be specific, cannot be priedute this document is filed by the Florida De	of filing: (optional) ior to date of receipt or filed date and cannot be more than 90 days after epartment of State)
te date this document is fifed by the Florida De	of filing: (optional) ior to date of receipt or filed date and cannot be more than 90 days after epartment of State) 2014
te date this document is fifed by the Florida De	epartment of State)
ne date this document is filed by the Florida De	epartment of State)
ated MAY 28	epartment of State)
he date this document is filed by the Florida De pated MAY 28	2014  2014  Let of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00