

L140000 44/25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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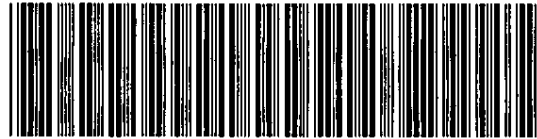
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2016

S MASON

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: NOXIO 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:

JOAN ML RODRIGUEZ
Name of Person

Firm/Company

253 NE 2nd St #2709
Address

33132 MIAMI FL
City/State and Zip Code

JOAN MANUEL RSGMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Manuel Rodriguez at (305) (600)(6493)
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

**TO
ARTICLES OF ORGANIZATION
OF**

Noxio Cigars 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 03/13/14 and assigned
Florida document number L14000044125.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Modern Tobacconist Art L.L.C.

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

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TAMMASEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JOAN MANUEL ROBINIERO	253 NE 2nd St #2709	<input checked="" type="checkbox"/> Add
		MIAMI FL 33132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.

Martha Corbis
Signature of a member or authorized representative of a member

Martha Corbis
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

[Click here to enter a return address.](#)

JOAN MANUEL RODRIGUEZ REDONDO
253 NE 2ND ST #2709
MIAMI
FL 33132
C.1.305.600.6493