

L14000064999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

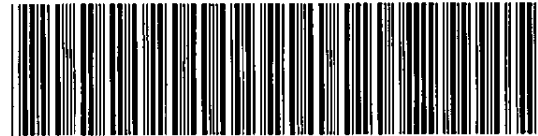
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L14-64999

Amendment

FILED
14 MAY 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2014
N. CAUSSEAU

Ballantyne Accounting Service, Inc.
903 N. Pine Hills Rd.
Orlando, FL 32808
407-298-0122 | FAX: 407-293-3069

fax

TO: NANETTE-SUNBIZ

FROM: John Ballantyne

FAX: 850-245-6030

PAGES: 6 WITH COVER

PHONE:

DATE: 5/29/2014

RE:

CC:

Tobacco City LLC

L14000064999

☒ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Comments :Attached is the amendment overnigheted on 05/12/14,, please subit asap
has it is holding up a license to open a business

Chase Online

BUSINESSSELECT CHKG (...8590)

Check Number: 5016 Post Date: 05/14/2014 Amount of Check: \$25.00

BALLANTYNE ACCOUNTING SERVICES 800 NINE HILLS RD ORLANDO, FL 32809-1711		5016 \$25.00
PAID TO THE ORDER OF <i>Florida Dept of State</i>		DATE <i>5/13/14</i>
CHASE		
<i>Twenty-five dollars and 00/100</i>		
MICR LINE: ⑆072000325⑆ 153818590⑆5016		

Need help printing or saving this check?

Need help printing or saving this check?

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOBACCO CITY 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:

John Ballantyne

Name of Person

Ballantyne Accounting Service

Firm/Company

903 N Pine Hills Rd

Address

Orlando FL 32808

City/State and Zip Code

ballantyne@iag.net

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

For further information concerning this matter, please call:

John Ballantyne

Name of Person

at (

407) 298-0122

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**

TOBACCO CITY 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 04/22/2014 and assigned Florida document number L14000064999.

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mohamed Alghazali	6436 Winder Oaks Blvd	<input type="checkbox"/> Add
		Orlando FL 32819	<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

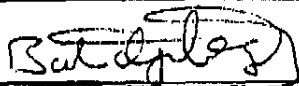
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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 May 12, 2014



Signature of a member or authorized representative of a member

Basheer Alghazali

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA