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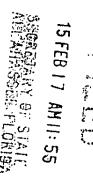




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## **COVER LETTER**

TO:	Registration Sect Division of Corpo		s v	
SUBJE	Cr. CigarBizn	ess LLC	•	
SOLDE	C1	Name of Limit	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subm	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter t	to the following:	
		Leslie K. Freeman		
			Name of Person	<del></del>
		CigarBizness LLC		
			Firm/Company	
		2817 Tifton Street S		
			Address	
		Gulfport FL 33711		
			City/State and Zip Code	
		sales@cigarbizness.d	com o be used for future annual report notifica	tion
For furt	her information con	acerning this matter, please ca	•	
Leslie	K. Freeman		727 480-6321	
	Name of I	Person	Area Code Daytime To	elephone Number
Enclose	d 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

CigarBizness LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L14000145578	oility Company were filed on September 17, 201	4 and assi	igned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L	.L.C."
Enter new principal offices address, if applicab	le:		<del></del>
(Principal office address MUST BE A STREET)	ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		
	<del></del>		
	registered office address on our records, ente	r the name	of the ne
registered agent and/or the new registered office	ce address here:	5	i
		Hand Hand	** <del>}</del>
Name of New Registered Agent:		<i>→</i> =	to see a
Now Posterous LOOK of Addition		が、	1
New Registered Office Address:	Enter Florida street address		A & E
		S	
	, Florida	5 2 6	
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Morgan R. Jones	2817 Tifton Street S	Add
		Gulfport Florida 33711	☐ Remove
	- Prince of the control of the contr		Add
			☐ Remove
**************************************	<del>17 - 24 - 24 - 24 - 24 - 24 - 24 - 24 - 2</del>		Add
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famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E <b>ffectiv</b> The effect	e date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	his document is filed by the Florida Department of State)
Dated	2-12 15
	Al Gen
	Signature of a member or authorized representative of a member
	Leslie K. Freeman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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