

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079
Phone : (305)804-1047
Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMPIRE CIGAR LOUNGE LLC

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Corporate Filing Menu

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JUL 2 0 2013

La Branche Co.

From: Hector Rodriguez Fax: (866) 767-7835

ARTICLES OF ORGANIZATION **OF**

EMPIKE CIGAR LOUNGE LLC		
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	Is.) PEC Y
The Articles of Organization for this Limited Liab Florida document number L14000180396	ility Company were filed on 11/20/2014	Hand assigned
This amendment is submitted to amend the follow	ing:	FIG. 51
A. If amending name, enter the new name of the	e limited liability company here:	18 JRIDA
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
	, F	lorida
	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

From: Hector Rodriguez Fax: (866) 787-7835

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MIGUEL A FREIE	5910 SO DIXIE HWY	□ Add
		SOUTH MIAMI, FL 33143	■ Remove
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	Fax: (866) 767-7835	To: Sunbiz.Org	Fax: +1 (850, 617-6383	Page 14 of 4 07/29/2015 9:30 AM ((((((((((((((((((((((((((((((((((((3531
D. If amen	iding any other info	rmation, enter change(s)	here: (Attach additional	shoets, if necessary.)	
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E. Effectiv	e date, if other than	the date of filing:	the of Charles	(optional) han 90 days after filing.) Pursuant to 60:	E 0000 (0) (1)
Note: It	f the date inserted in th	is block does not meet the ap	plicable statutory filing req	quirements, this date will not be list	ed as the
docume	nt's effective date on t	he Department of State's reco	rds.		
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