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COVER LETTER

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SUBJECT:	Holy	Smoke Cigar Bar & Cafe. LLC			
NODSECT.		Name of Limite	d Liability Compa	ny	
The enclosed	l Articles of	Amendment and fee(s) are submi	itted for filing.		
Please return	all correspo	ondence concerning this matter to	the following:		
		Anthony G. Bossone, Esq	1		
			Name of Pers	on	
•		Anthony G. Bossone, P.A.			
			Firm/Compa	ny	
		Po Box 2194	ļ		
			Address		
		Palm Harbor, FL 34682-219-	1		
		kramtronix@gmail.com	City/State and Zip	Gode	
			be used for future	armual report notification)	
For further in	iformation c	oncerning this matter, please call	:		
Anthony G. I	Bossone		727	789-9004	
	Name o	f Person	Area Coo	Daytime Telephon	e Number
Enclosed is a	check for th	e following amount:	•		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	opy oyfis enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssec. FL 32314	Re Di Cli 26	REET/COURIER ADD gistration Section vision of Corporations from Building Executive Center Circl Hahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Holy Smoke Ciga			
(<u>Name of the Limite</u> (d Liability Compar A Florida Limited L	y as iti iability	now appears on our records.) Company)	
The Articles of Organization for this Limited Lia Florida document numberL15000026839 This amendment is submitted to amend the follows:	1.	were f	iled on February 12, 2015	and assigned
A. If amending name, enter the new name of	the limited liabi	lity eq	mpany here:	
The second of the				
The new name must be distinguishable and contain the we Enter new principal offices address, if applica		ty Coni	pany," the designation "LLC" or the abb	oreviation "L.L.C."
(Principal office address MUST BE A STREET	ADDRESS)			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox)		Altenate US Highway North Harbor, Florida 34683	ECRETARY OF STATE LLAHASSEE. FLOSIO 3 JAN - 5 AN 12: 27
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered off ice address here	ice ad	idress on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Mark Haney			
New Registered Office Address:	1470 Alternate L	S Hig		
		1	Enter Florida street address	
	Palm Harbor		, Florida ³⁴⁶	
New Registered Agent's Signature, if changing Re	gistered Agent:	City	•	Zip Code

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

Page 1 of 3

lf amendin or removed	g Authorized Person(s) authori d from our records:	zed to manage, enter the	title, name, and address of each person being added
MGR = A	Manager Authorized Member	ı	
<u>Title</u>	Name	Address	Type of Action
MGR	Mark Haney	5706 Dove D	rive, New Port Richey, FC 74652
		1	□ Remove
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			Add
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tive date, if other than the date of fili	ing•		(optional)	
fective date is listed, the date must be specific a	and cannot be prior to date of	of filing or more than 90	days after filing.) Purs	uant to 605.0
If the date inserted in this block does not ment's effective date on the Department of	f Meet the applicable sta f State's records.	tutory tiling requirem	ents, this date will r	iot be listee
	t			
cord specifies a delayed effective	date, but not an e	ffective time, at 1	12:01 a.m. on ti	he earlie
e 90th day after the record is filed	1 .			
TANINI				
JANUARY 2 Pare E. Now Signature of	<u>Zo/</u> (
Paul E. Norce	-200			
Signature of	a member or authorized re	presentative of a member	r	
~		1		
D 1 5	" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•	
Paul E	Typed or printed name	of signee	<u> </u>	

Filing Fee: \$25.00