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··	(Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Greene Street Cigar &	: Cafe LLC			
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
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				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
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Requested by: SETH	10/07			UCC 1 or 3 File
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Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

	eet Cigar & Cafe LLC					
SUBJECT.	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Gregory S. Oropeza, Esq.					
		Name of Person				
	Oropeza, Stones & Carden	as, PLLC				
		Firm/Company				
	221 Simonton Street					
		Address				
	Key West, FL 33040					
	City/State and Zip Code					
	gscigar@gmail.com					
		to be used for future annual report noti	fication)			
For further information c	concerning this matter, please c	all:				
Gae Ganister		305 0252				
Name of Person		Area Code Daytime	e Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	rtion			
Division of C		Division of Cor				
P.O. Box 632	.7	The Centre of T	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greene Street Cigar & Cafe LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company	y were filed on 03/30/201.	5	_ and assigned
Florida document number 1.15000056240			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
N/A		٠.	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbre	eviatign "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>	<u>3 Ti</u>
Principal office address MUST BE A STREET ADDRESS)		ند	
		7. 11.	
Enter new mailing address, if applicable:	N/A		12. T
Mailing address MAY BE A POST OFFICE BOX)	*	اخذ	<u> </u>
		-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	, enter the name o	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Entar Florida atuas	et addrage	
New Registered Office Address:	Enter Florida stree	rt address , Florida	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Richard Kerwick	540 Greene St., Suite 3	
		Key West, FL 33040	Remove
			☐ Change
			□Add
			Remove
			□Change
•			□Add
			Remove
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			□Add
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fective	date, if other	than the date of the date must be spe	of filing:	.	<u> </u>	((optional)	
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record sp	pecifies a delaye	ed effective date,	but not an ef	fective time,	at 12:01 a.m. d	on the earlier	of: (b) The 90	th day after the
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l is filed.		Signati			d representative	of a member		

Filing Fee: \$25.00