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H New Media Law



PALM BEACH

224 Datura Street, Suite 101 • West Palm Beach, Florida 33401 • Phone: 561.841.6380

MIAN

By Appointment Only

E-Mail: fherrera@hnewmedia.com • Web: http://www.hnewmedia.com

Date: April 18, 2016

VIA FEDEX AWB # 7761 2754 8273

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Amendment to Articles of Organization to AJ Fernandez Cigar Family, LLC

Dear Sir/Madam:

Enclosed please the following documents with reference to the above Florida LLC:

- 1. Cover Letter and Amendment to the Articles of Organization;
- 2. Our check number 000241 in the amount of \$25.00 dated April 18, 2016, which covers the fee to amend the Articles of Organization for the above-referenced Florida LLC; and
- 3. FedEx envelope and label to return the original documents once the amendment is filed.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely, H NEW MEDIA LAW

/S/ Frances Staveley, CP Certified Paralegal E-Mail: frances.staveley@hnewmedia.com



COVER LETTER

| Division of Co. | rporations | | | , | | |
|----------------------------------|--|---|--|-------------------|--------|-------|
| AJ Fernand | dez Cigar Family, LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| | Amendment and fee(s) are sub | <u>-</u> | | | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | | | |
| | Frank Herrera | • | | | | |
| | | Name of Person | | | | |
| | H New Media Law | | | | | |
| | | Firm/Company | | | | |
| | 224 Datura Street, Suite 10 |) | | | | |
| | | Address | · · · · · | | | |
| | West Palm Beach, Florida | 33401 | | | | |
| | 4 | City/State and Zip Code | | | 3 | |
| | fherrera@hnewmedia.com | | | | | |
| | E-mail address: (| to be used for future annual report notific | cation) | | APR 19 | T |
| For further information of | concerning this matter, please ca | all: | | | 9 |] |
| Frank Herrera | | 561 841-6380 at () | | | | FILED |
| Name (| of Person | Area Code Daytime | Telephone Number | | 9: 27 | |
| Enclosed is a check for t | he 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 Fill Certificat Certified (additional o | e of Stat Copy | | |

MAILING ADDRESS:

TO:

Registration Section

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



TO ARTICLES OF ORGANIZATION OF

AJ Fernandez Cigar Family, LLC

| (<u>Name</u> of the <u>Limited Liability</u> (A Florida I | Company as it now appears on our records.) Limited Liability Company) | | |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Co Florida document number | mpany were filed on November 18, 2015 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited AJ Fernandez Cigar Company, LLC | ed liability company here: | | |
| The new name must be distinguishable and contain the words "Limito | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre | red office address on our records, enter the name of the newspace. | | |
| registered agent units of the new registered office addre | ss nere. | | |
| Name of New Registered Agent: | 27 27 | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| <u></u> | , Florida City Zip Code | | |
| New Registered Agent's Signature, if changing Registered A | • | | |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age | nd agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability | | |
| | If Changing Registered Agent, Signature of New Registered Agent | | |

or removed from our records:

.MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be pr | | (0 | optional) | |
| e: If the date inserted in this block does not meet the app | licable statutory | g or more than 90 days filing requirements. | this date will not be | e listed a |
| ument's effective date on the Department of State's recor | ds. | | | |
| record specifies a delayed effective date, but | not an effect | ive time, at 12:0 |)1 a.m. on the e | arlier |
| he 90th day after the record is filed. | | | | |
| , April 8th 2016 | ~ | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00