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CHDI	тст.	AMERICA	N TOBACCO IMPORT, LLC		
эсы	ECI		Name of Lim	ited Liability Company	
The er	nclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return	all correspon	ndence concerning this matter	to the following:	
			JIAN M HUANG		
				Name of Person	RT, LLC
		Name of Person AMERICAN TOBACCO IMPORT, LLC			
				Firm/Company	
			3250 NW 77TH CT		
				Address	
			DORAL, FL 33122		
				City/State and Zip Code	
			hitingie@gmail.com		
			E-mail address: (to be used for future annual repo	ort notification)
For fu	rther in	formation co	oncerning this matter, please ca	all:	
TING	IE HUA	ANG		305 639-60	
		Name of	Person	Area Code I	Daytime Telephone Number
Enclos	sed is a	check for th	e following amount:		
= \$2	25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

AMERICAN TOBACCO IMPORT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/18/2015}{1}$ and assigned Florida document number L15000209981 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROBAINA TOBACCO, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
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