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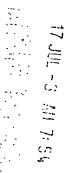
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COVER LETTER

Division of Corpor			
SUBJECT: R	B TOBACCO Name of Limite	ENTERPRIS ed Liability Company	ES LLC
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	<u>,)os</u>	Shua D. Sala;	2012
	<u> 128 rok</u>	CO ENTERONS Firm/Company	ES LLC
	1480	OG SW 85 LE Address	INACE
-) S (0 E-mail address: (to	City/State and Zip Code O MINGHOUNT be used for future annual report notifi	93 (S. CO)
For further information conc	terning this matter, please call	l:	
JOShua J Name of Pe	D Salatar erson	at (<u>305</u> <u>726 (</u> Area Code Daytime	0785 Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	도 \$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 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

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 31012016 and assigned 154253
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
NIA	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: $\frac{\mathcal{N}/\mathcal{A}}{\mathcal{A}}$
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/o registered agent and/or the new registered off	
Name of New Registered Agent:	N/A 3 5 5
New Registered Office Address:	77
	Enter Florida street address Florida
	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

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>	Name	Address	Type of Action
MGR	Ahmed Andrade	2533 NW 74 AVE	□ Add
		2533 NW 74 AVE Miam, Fl 33122 USA	N Remove
			Change
			🗆 Add
			П Remove
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tive date, if other	han the date of filing:	(optional)
ffective date is listed, th	e date must be specific and cannot be prior to date of fi in this block does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 605
	on the Department of State's records.	by thing requirements, this date will like the list
	delayed effective date, but not an effe the record is filed.	ctive time, at 12:01 a.m. on the earlie
e sour day arter	the record is med.	
1 <u> June</u>	2, 7,1Th . JULY .	
	1 2222	

Page 3 of 3

Filing Fee: \$25.00