

L16000073645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

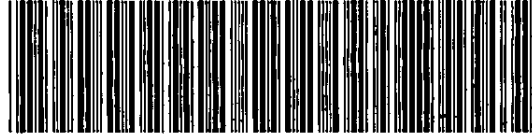
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 06 2016

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N. LEO DAUGHTRY  
JAMES R. LAWRENCE, JR.  
LUTHER D. STARLING, JR.\*\*+  
KELLY K. DAUGHTRY\*  
ANNETTE CHANCY STARLING  
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WILLIAM JOEL STARLING, JR.  
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**SMITHFIELD, NORTH CAROLINA 27577-1960**

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\*Board Certified  
Specialist in Family Law  
\*\* Also Licensed in the District of Columbia  
\*\*\* Also Licensed in South Carolina  
+ Also Licensed in Georgia

May 3, 2016

FEDERAL EXPRESS.

Florida Secretary of State  
Attn: **Division of Corporations**  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Statement of Correction for CDM Tampa, LLC

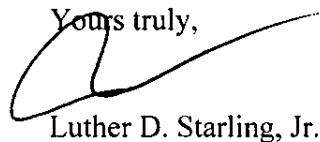
Dear Sir/Madam:

Enclosed please find the original Statement of Correction for LLC in connection with the above-captioned matter. After filing of same, please return a file marked copy of said document to my office in the enclosed envelope provided.

I have also, enclosed herewith a check in the amount of \$25.00 for your filing fees.

**If you should have any questions, please contact my office and speak directly with my Paralegal, Russell at (919) 934-5012.**

Yours truly,



Luther D. Starling, Jr.

LDS,JR:rem  
Enclosures  
pc: CDM Tampa, LLC [with a copy of enclosures]

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **CDM TAMPA, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Colleen Knittel**

Name of Person

**Manning Fulton & Skinner**

Firm/Company

**PO Box 23089**

Address

**Raleigh NC 27619**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Colleen Knittel**

Name of Person

at ( **919** ) **787-8880**

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: CDM TAMPA, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000073645

**THIRD:** Document to be corrected is: Electronic Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

See attached addendum

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative Luther D. Starling, Jr.

Date

May 3<sup>rd</sup>, 2016

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Registered Agent's Signature

**Filing Fee:                      \$25.00  
Certified Copy:                \$30.00 (optional)**

ADDENDUM TO  
STATEMENT OF CORRECTION  
FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

CDM TAMPA, LLC (L16000073645)

1. The Articles of Organization (the "Articles") of CDM TAMPA, LLC (the "LLC") incorrectly listed the street and mailing address of the LLC in Article II. The correct street address and mailing address of the LLC is as follows:

510 S. Howard Ave.  
Tampa, FL 33606

2. The Articles of the LLC incorrectly listed the members of the LLC as the authorized persons in Article IV. The LLC is a manager-managed limited liability company. The name, title and address of the correct persons authorized to manage the LLC are as follows:

Title: MGR  
Javier Estades  
5900 N. Andrews Avenue  
Fort Lauderdale, FL 33309

Title: MGR  
Mike Howe  
1418 E. Busch Blvd. #105  
Tampa, FL 33612

Also, 800-JR CIGAR, INC. was incorrectly listed as a member of the LLC, in place of Casa de Montecristo, Inc.

**FILED**  
PAID MAY -5 A 11:58  
SECRETARY OF STATE  
TAMPA, FLORIDA