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J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Tao	dmans To b Name of Limi	PACCO Company ited Liability Company	y LLC
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Larry	Ciman	
		Name of Person	
		Firm/Company	
	1111 Kane	Loncourse, Sc.	vite 518
	Bay Harbor	City/State and Zip Code Code	154
	7	City/State and Zip Code	
	arry g: man	a agmak complete to be used for future annual report notifice	ation)
	ncerning this matter, please ca		
Lakry Gi	man Person	at (305) 3 4 Area Code Daytime 7	3 9536 Celephone Number
		,	-
Enclosed is a check for the	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 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

Gooden an S (Name of the Limited)	Tobacc	· o C	on pan	y L	<u> </u>	
(Name of the Limited)	Florida Limited Liabil	it now appea ity Company)	irs on our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L/600/4</u>	ility Company wer	e filed on _	8/4/	<u>/ 6</u> _ a	ınd assign	eđ
This amendment is submitted to amend the following						
A. If amending name, enter the new name of th	e limited liability	company h	ere:			
The new name must be distinguishable and contain the word	s "Limited Liability C	ompany," the	designation "LLC"	or the abbrevia	tion "L.L.C	, 31
Enter new principal offices address, if applicabl	e:			>	22	
(Principal office address MUST BE A STREET A		· -	· · ·	>-	. ₹ . C?	i
				3=-	<u> </u>	Tates.
				<u> </u>	••	<u> </u>
Enter new mailing address, if applicable:					:	i
(Mailing address MAY BE A POST OFFICE BO		.	<u>-</u>	. 7		
INUMING UNITED WAT BE A POST OFFICE BO	<u></u>				<u> </u>	
						
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address here:	address or	n our records,	enter the r	name of	the new
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Flo	rida street address			
			Flor	ida		
_		City			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 Title Name Address **Type of Action** Jacob Gilmon IIII Kome Concourse Suit 518 ☐ Remove Bay Halber Islands, FL, 3354 Change □ Add ☐ Remove ☐ Change _ . 🗆 Add _□ Remove ____ Change _□ Add ☐ Remove ☐ Change □ Add Change ☐ Add-

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in effective date ote: If the dat cournent's effe record spe The 90th da	e is listed, the date made inserted in this because date on the I decifies a delayer ay after the re-	ust be specific and earliblock does not mee Department of State and earlible defective data cord is filed.	unnot be prior to date et the applicable state's records. Te, but not an e	atutory filing requir	90 days after filing.) ements, this date v	vill not be	listed as
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Filing Fee: \$25.00