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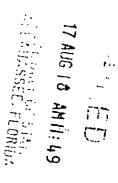
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
am FES	Mac Cigars,	LLC		
St]BJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please n	eturn all correspon	ndence concerning this matter	to the following:	
		Joseph H. Brown		
			Name of Person	
		Blount Law, PL		
			Firm/Сотралу	
		809 Walkerbilt Road, Suite	: 6	
			Address	
		Naples, FL 34110		
			City/State and Zip Code	
		jbrown@blountlaw.com		V
Can fire	har information or	E-mail address: () oncerning this matter, please co	to be used for future annual report not	incation)
		oncertuing uns matter, prease ca		
Joseph 1	H. Brown, Esq.		239 592-4815 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	e following amount:		
≘ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Mac Cigars, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 05/17/2017	and assigned	
lorida document number L17000109413			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3300 Bonita Beach Road SW, #131		
Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34134		
inter new mailing address, if applicable:	3300 Bonita Beach Road SW, #131		
Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34134		
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the	
		7 #1	
Name of New Registered Agent:		AUG I	
New Registered Office Address:		333 CG	
	Enter Florida street address		
	, Florida	95.	
	City	Zip Co de	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			Change
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			Change Change Add SS
			SS: Ramove
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(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	Pursuini to (605:9207 (3) isted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the ea	rlier of:
Dated 8-14-17		
Mannad Hanche Sad- Signature of a member or authorized representative of a member		
Mahmood Hassani-Sadi MAHMOON HASSAAL SADI		

Page 3 of 3

Filing Fee: \$25.00