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COVER LETTER

T(O: Registration Se Division of Cor					
61		CIGAR LLC				
SUBJECT: Name of Limited Liability Company						
Th	ne enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Ple	ease return all correspo	ndence concerning this matter	to the following:			
		MARAH ASLAN				
			Name of Person	<u>.</u>		
			Firm/Company			
		760 E LAKE RD				
			Address			
		PALM HARBOR FL 3468	5			
			City/State and Zip Code			
		GABY.ASLAN@AOL.CO	М			
		E-mail address: (1	to be used for future annual report notific	cation)		
Fo	r further information c	oncerning this matter, please ca	all:			
М	ARAH ASLAN		727 786-7210 at ()			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
En	sclosed is a check for th	ne 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

SHATEAU CIGAR LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 11/8/2017	and assigned
Florida document number L17000231559		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
CHATEAU CIGARS LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	760 E LAKE RD	
Principal office address MUST BE A STREET ADDRESS)	PALM HARBOR FL 34685	
		.;7
Enter new mailing address, if applicable:		200
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
		·
		23) - 77 - 77
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		er the name of the
egistered agent and/or the new registered office address her	<u>e</u> .	œ
Name of New Registered Agent:		
New Registered Office Address:		
	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>	<u>Name</u>	Address	Type of Action
			□ Add
			🗀 Remove
			Change
			□ Add
			Change
			□ Remove
			□ Add
			Remove
			. Co Change
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on effective date is ote: If the date is	other than the date listed, the date must be spinserted in this block do two date on the Departm	ecific and cannot be ses not meet the a	prior to date of filir oplicable statutor	ng or more than 90 days a	ptional) ifter filing.) Pursuant i	ව :o 605,020
The 90th day	fies a delayed effe after the record is	s filed.			1 a.m. on the ϵ	arlier (
ited	11-29- Signat	<u> </u>	·			
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Filing Fee: \$25.00