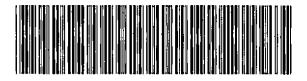
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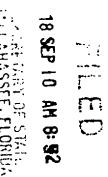
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
	Cigar Company LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul Gray		
		Name of Person	
	Sarasota Cigar Company L		
		Firm/Company	
	5275 University Parkway, S	Suite 115	
		Address	
	University Park Florida 34	201	5°
	paul.madurocigar@gmail.co	City/State and Zip Code	7
	E-mail address: (to be used for future annual report notifica	tion)
For further information of	concerning this matter, please co	ail:	O A
Paul Gray		678 488-6952	elephone Number D
Name (of Person		elephone Number
Enclosed is a check for t	he 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

Sarasota Cigar Company LLC		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited L. Florida document number LI8000027150	iability Company were filed on	January 30, 2018 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREI	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	SSEE, FLORIUS
 If amending the registered agent and registered agent and/or the new registered or 		on our records, enter the name of the no
Name of New Registered Agent:	Paul Gray	
New Registered Office Address:	5275 University Pkwy, Suit	e 115
	Enter i	Florida street address
	University Park	, Florida 34201
	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>	<u>Address</u>	Type of Action
MGR	Robert Riesenbeck		☐ Add
<u></u>		1115 South Osprey Avenue	U Add
		Sarasota Florida 34236	■ Remove
			Change
			Add
			Remove
		□ Change	
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ective date, if other than the d effective date is listed, the date must be e: If the date inserted in this blocument's effective date on the Dep	ate of filing: be specific and cannot be prior to date of the does not meet the applicable statuartment of State's records.	(opt i filing or more than 90 days afte utory filing requirements, thi	ional) r filing.) Pursuant to 605.03 is date will not be listed
record specifies a delayed on the second he 90th day after the recond	effective date, but not an ef rd is filed.	fective time, at 12:01	a.m. on the earlier
September 6	2018		
W.	ignature of a member or authorized rep		

Page 3 of 3

Filing Fee: \$25.00