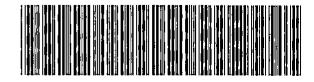
L18000/63310

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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02/22/19--01026--004 **25.00

SECRETARY OF STATE

FEB 2 7 333" T. LEWIEUX

COVER LETTER

TO:				
CI ID I	LEGE?	NDS CIGAR LOUNGE TAVARE	S LLC	
SUBJ	orci:	Name of Lin	nited Liability Company	
The e	nclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all corr	espondence concerning this matter	to the following:	
		at (
			Name of Person	
			Firm/Company	
		13506 SUMMERPORT V	TILLAGE PKWY, STE 1056	
		WINDERMERE, FL 3478		
		_		
r. c				ication)
	TAFA SAIED	on concerning this matter, please of	407 921-1860	
	Na	me of Person		e Telephone Number
Enck	sed is a check	for the following amount:		
₽ \$	25.00 Fiting Fe	_	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

FILED

2019 FEB 22 P 1: 50

LEGENDS CIGAR LOUNGE TAVARES LLC

(Name of the Limited Liability Company as it now appears on our records ART MARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FUGRIDA

The Articles of Organization for this Limited Liability	y Company were filed on 07/05/2018	and assigned
Florida document number L18000163310		
This amendment is submitted to amend the following	.	
A. If amending name, enter the new name of the I	imited liability company here:	
LEGENDS CIGAR LOUNGE M-VILLE LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	The state of the s	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	PHILIP CABRERA		_□ Add
	· · · · · · · · · · · · · · · · · · ·		U Add
			Remove
		13506 Summerport Village Pkwy, Ste 1056, Windermere, FL 34786	
AMBR	PETER DURAN		
			
			□ Remove
		13506 Summerport Village Pkwy, Ste 1056, Windermere, FL 34786	■ Change
		·—————————————————————————————————————	
			Remove
			Change
			
			☐ Remove
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48 — <u>— — — — — — — — — — — — — — — — — </u>			<u> </u>	
				
 				
ective date, if other than the effective date is listed, the date meter. If the date inserted in this burnent's effective date on the l	ust be specific and cannot be prolock does not meet the app	licable statutory filing r		
record specifies a delaye he 90th day after the re		not an effective tim	ne, at 12:01 a.m. on	the earlier o
February 16	2019	<u></u> ,		
to				
	-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00