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## **COVER LETTER**

TO:	Registration So Division of Co						
cup ic		OBACCO, LLC					
SUBJECT:Name of Limited Liability Company							
		Amendment and fee(s) are sub ondence concerning this matter	-				
		Jian Mo Huang					
		UNITED TOBACCO, LL	Name of Person	<u> </u>			
		3250 NW 77TH CT	Firm/Company				
		DORAL FL 33122	Address				
		hitingie@gmail.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notif	fication)			
For furth	er information c	oncerning this matter, please ca	all:				
Jian Mo	Huang		305 6396010				
	Name o	f Person	at ()at ()	: Telephone Number			
Enclosed	l is a check for th	he following amount:					
<b>\$25.</b>	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:

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

UNITED TOBACCO, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 7/25/18	and assigned
Plorida document number L18000178896	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TOBACCO USA GROUP, LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		See B. Ti
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)	<u> </u>
		T Si
Enter new mailing address, if applicable:		000 <del>00</del>
Mailing address MAY BE A POST OFFICE BOX)		): —
3. If amending the registered agent and/or regis egistered agent and/or the new registered office add		rds, enter the name of the
Name of New Registered Agent:		
name of now registered rigent.		
New Registered Office Address:	Enter Florida street ada	bress
	,	Florida

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
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			☐ Change
			□ Add
			□ Remove
			Change
			SSET Beniove
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Typed or printed name of signee

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