

L19000213241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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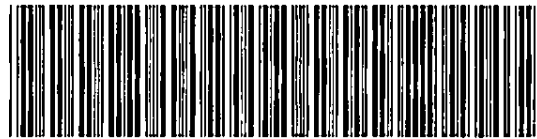
(Business Entity Name)

(Document Number)

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2021 MAR 30 PM 4:25
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANNUBCIGARS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID CARLOS CRUZ

Name of Person

CANNUBCIGARS, LLC

Firm/Company

9241 SW 11TH ST

Address

MIAMI, FL 33174-3102

City/State and Zip Code

DAVID@CANNUBCIGARS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CARLOS CRUZ

786 657-6874
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CANNUBCIGARS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/21/2019 and assigned
Florida document number L19000213241.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CANNUB CIGARS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10216 SW 1ST ST

MIAMI, FL 33174-1758

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10216 SW 1ST ST

MIAMI, FL 33174-1758

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID CARLOS CRUZ

New Registered Office Address:

9241 SW 11TH ST

Enter Florida street address

MIAMI

City

Florida

33174-3102

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.

David Cruz

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

Title	Name	Address	Type of Action
AMBR	MONIKA BOEHM-FANDINO	650 NE 32ND ST	<input type="checkbox"/> Add
		3601	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
AMBR	DAVID CRUZ	1430 IRON BRIDGE RD	<input checked="" type="checkbox"/> Add
		COLUMBIA, TN 38401-8008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PETRA SAVONITTO	9241 SW 11TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33174-3102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Carlos Cruz	9241 SW 11 th St	<input type="checkbox"/> Add
		Miami, FL 33174-3102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
TALLAHASSEE, FLORIDA
2021 MAR 20 PM 4:25
CLERK OF COURT

2021 MAR 30 PM 4: 25
U.S. STATE
TALLAHASSEE, FLORIDA

2021 MAR 30 PM 4: 25
FBI - FLORIDA

(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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

David Cruz
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00