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TO:

Registration Section

Division of Corporations UNITED TOBACCO CIGAR STORE L.L.C SUBJECT: 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: THAIS BARRERA ZANFELIZ Name of Person Firm/Company 5889 NW 36 ST Address VIRIGINIA GARDENS, FL 33166 City/State and Zip Code eduardopena_52@hotmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: THAIS BARRERA ZANFELIZ Name of Person Enclosed is a check for the following amount: S60,00 Filing Fee \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Sums & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED TOBACCO CIGAR STORE L.L.C

(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 C	company were filed on $\frac{\alpha}{2}$		and assigned
Florida document number L20000171225	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the c	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
	-		
r			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	l office address on our r	ecords, <u>enter the nam</u>	ne of the new register
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our r	ecords, <u>enter the nam</u>	ne of the new register
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:		records, enter the nam	707
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:			707
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Flor City	rda street address	<i>?</i> 3

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
MGRM	OSVANY HERNANDEZ	680 TAMIAMI CANAL RD, MIAMI, FL 33144	□Add
			□Remove
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