L20000171225

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SEUNCIAN COES HATE

COVER LETTER

	vision of Corp		•		,
SUBJECT:		OBACCO CIGAR STORE L.I	L.C ,		•
SOBJECT.					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspoi	ndence concerning this matter	to the following:		
		OSVANY HERNANDEZ			
			Name of Person		
			Firm/Company		
		5893 NW 36 ST			
			Address		
		VIRGINIA GARDENS, F	L 33166		
			City/State and Zip Code		
		osvanyhernandez0@gmail.c			
		E-mail address: (to be used for future annual	l report notification)	
For further	information co	oncerning this matter, please c	all:		
OSVANY I	HERNANĎE?	Z.	561 80 at ())5-4()45	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for th	e following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$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 ARTICLES OF ORGANIZATION OF

FILED 2022 JUL 27 PM 3: 27

UNITED TOBACCO CIGAR STORE L.L.C

CCO CIGAR STORE L.L.C

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

(A Florida Limited Liability Company)

	, Flor	rida Zip Code
new negistered office Address.	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	he name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
Enter new principal offices address, if applicable:	- 	
Enter new principal offices address if applicables		
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "LLC"	or the abbreviation "L.I.,C."
A. If amending name, enter the new name of the limited l	liability company here:	
This amendment is submitted to amend the following:		
Florida document number 1.20000171225		
The Articles of Organization for this Limited Liability Comp.	any were filed on 06/19/2020	and assigned

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 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
MGRM	EDUARDO PENA BARRERA	1607 NW 96TH AVE, PEMBROKE PINES FL 330	24 □Add
			Remove
			□Change
MGRM	JORGE L SUAREZ ANTUNEZ	5893 NW 36 ST, VIRGINIA GARDENS FL 33166	🖹 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
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			Change

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