LUUUU171225

(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE 2022 SEP 23 AM 11: 35

COVER LETTER

TO: Registration So Division of Cor			
	OBACCO ('IGAR STORE L.I	L.C	
SUBJECT:	Name of Lim	nted Liability Company	-
	Amendment and fee(s) are sub indence concerning this matter		
	OSVANY HERNANDEZ		
		Name of Person	
		Firm Company	_
	5893 NW 36 ST		
	·	Address	
	VIRGINIA GARDENS, F	1. 33166	
	osvanyhernandez0(a gmail.	City State and Zip Code com	
ti na staratura instrumenti an a	E-mail address (to be used for future annual report notification)	- SE
	concerning this matter, please c		SEP CRET
OSVANY HERNANDE		561 \$05-4045	N 5
Name «	of Person	Area Code Daytime Telephone Num	
Enclosed is a check for t	he following amount.		OF STAL
■ \$25:00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certifi radditional copy is enclosed. Certifi) Filing Fee, Fri icate of Status & ied Copy mat copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 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 Company were filed on <u>06/19/2020</u> and assigned Florida document number <u>L20000171225</u>.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

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:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida

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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

Title	Name	Address	Type of Action
MGRM	EDUARDO PENA BARRERA	1607 NW 96TH AVE, PEMBROKE PINES FL 330)24 □Add
			=Remove
			Change
MGRM	JORGE & SUAREZ AN IUNEZ	5895 NW 36 ST, VIRGINIA GARDENS FL 33160	■Add
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		<u></u>	IChange
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			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

JUI Dated	LY 21 2022
	LLAC 2.
	Signature of a member or authorized representative of a member
	$\langle \rangle$
	OSVANY HERNANDEZ
	Typed or printed name of signee