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COVER LETTER

TO: Registration Section Division of Corporations

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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:

EDUARDO PENA BARRERA

Name of Person

Firm/Company

5893 NW 36 ST

Address

VIRGINIA GARDENS FL 33166

City/State and Zip Code

eduardopena_52@hotmail.com

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

at (_

For further information concerning this matter, please call:

EDUARDO PENA BARRERA

Name of Person

786 328-9406 (_____) Area Code Daytin

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

 S30.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF	ORGANIZATIO	N
	OF	FILED
UNITED TOBACCO CIGAR STORE L.L.C		2023 OCT 10 AM 7: 19
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000171225</u>		AL ATTACTE ELGAN
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · ·
3. If amending the registered agent and/or registered offic	e address on our recor	ds, <u>enter the name of the new regis</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Ramstarad Office Address		
New Registered Office Address:	Enter Florida s	treet address
New Registered Office Address:	Enter Florida si	treet address , 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JUAN F GONCALVES	804 NW 126 CT	■Add
		MIAMI FL 33182	🗆 Remove
			Change
MGRM	Miguel Hernandez Carrasco	5893 NW 36 ST	🗆 Add
		VIRGINIA GARDENS FL 33166	ERemove
			Change
		··	🖾 Add
			□Remove
			Change
			🗆 Add
			Change
			🗆 Add
			🗆 Remove
			🗆 Add
			🖾 Remove

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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.

Dated S	EPTEMBER 21	2023	
Duico _	/	AT.	
	6		
	\sim	Signature of a member or authorized representative of a member	
	EDUARDO PENA BA	ARERA	

Typed or printed name of signee