# LZ0000261795

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	·
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Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	AR AFICIONAI)AS Name of Lin	ofted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHANTEL	- LEAVITT	
	CiGARA.	FICIONADAS, LLC	
	6257 CAPE	HAHERAS WAY N	E #2
	St. Petreshu	QC FL 3370 GityState and Zip Code	2
	BELLA DAY.	n A CiGARC VALOR to be used for future annual report noti	<u>Con</u>
For further information e	oncerning this matter, please ca	all·	
CHANTEL Name o	LEAN'T	at ( <u>&amp;13</u> ) <u>992</u> Area Code Daytim	· 2054 e Telephone Number
Enclosed is a check for th	ne 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)

TO:

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

CIGAR AFICIONADA	15 16	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) uited Liability Company)	The Same
The Articles of Organization for this Limited Liability Com Florida document number <u>L2COO 26/795</u> .	pany were filed on $89496$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  BELLA DAMA CIGARS  The new name must be distinguishable and contain the words "Limited"	A liability company here:  A liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street address	
	, Flor	ida Zip Code
	City	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.

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>	Address	Type of Action
<u></u> .			J. J. Badd
	-	□Remove	
			□Change
- <del></del> -		·	TJAdd
			Remove
			[]Change
			IAdd
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		LlAdd	
		URemove	
			□Change

D. 11 amei —	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
If the record record is file	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 ed.
Dated _	September 24. 2000.
	Signature of a member or authorized representative of a member
	C'HANTEL LEAVITE  Typed or printed name of signee

Filing Fee: \$25.00