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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations CIGARETTE HOLDINGS, LLC 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: Jessica Wasserstrom, Esq. Name of Person Lionheart Capital Firm/Company 4218 NE 2nd Avenue Address Miami, FL 33137 City/State and Zip Code lbuckler@lheartcapital.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Buckler Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIGARETTE HOLDINGS, LLC	136.0	
(Name of the Limited Li (A F)	ability Company as it now appears on our re orida Limited Liability Company)	coras.)
The Articles of Organization for this Limited Liabili Florida document number L21000200162	ty Company were filed on April 29, 202	and assigned
This amendment is submitted to amend the following	g;	
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 "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	· ·	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ddenes
	emier r wriad street da	ui ess
- -		, Florida
	Cuj	rip Cone

New Registered Agent's Signature, if changing Registered Agent:

CICADITTE HALDINGS 110

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>	<u>Address</u>	Type of Action
AMBR	Ophir Stemberg		≡ Add
			□Remove
			□Change
AMBR	John H. Ruiz		■Add
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ective date, if other than the neffective date is listed, the date mus	date of filing:	nrior to date of filing	or more than 90 days after fi	ial) ling.) Pursuant to 605 0207
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ecord specifies a delayed effective	e date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
is filed.				
May 27	2021			2-
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Typed or printed name of signee