## h21000430919

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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Cigar Dan SUBJECT:	nas		
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rebecca McDonald		
		Name of Person	<del></del>
	Cigar Damas		
		Firm/Company	<del></del>
	2208 Briana Dr		
		Address	
	Brandon FL 33511		
	cigardamas@mail.com	City/State and Zip Code	_
	-	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	- 7 -
Rebecca McDonald		417 569-5869 at ()	
Name	of Person	Area Code Daytime Telephone Nun	nber ,
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cigar Damas			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000430819</u> .	vere filed on 10-01-2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		د، ال	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		-1 \$	
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		. ' ' ' ' ' ' '	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>e</u> i	nter the name of the new registere	
Name of New Registered Agent:			
Nam Bagistared Office Address:			
New Registered Office Address;	Enter Florida street address  Florida		
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my dutie.	s, and I am familiar with and	

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>	<u>Address</u>	Type of Action
MGR	Rebecca McDonald	2208 Briana Dr Brandon, FL 33511	=Add
			□Remove
			Change
AMBR	Milton McDonald	2208 Briana Dr Brandon FL33511	■Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
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tive date, if other than fective date is listed, the dat If the date inserted in the nent's effective date on t	te must be specific a his block does not	nd cannot be prior to meet the applica	o date of filing or n ble statutory filin	ore than 90 days at	otional) fter filing.) Pursua this date will no	nt to 605. t be liste
ord specifies a delayed eff filed.	fective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th o	lay after
	2	2021				
ed 11-02-2021 NoV	() A.			Λ		

Filing Fee: \$25.00