(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Linky Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500399478385

94/07/23--01001--011

\$2023 APR -7 AM 8: 28 FILED

4/11/23 V.W.

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CIGAR LL	C		
SUBJECT:			
	Name of Lim	ited Liability Company	
···	4 16 ()	16 61	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SABI ALI		
		Name of Person	
		Firm/Company	
	701 SHAMROCK BLVD.	• ,	
		Address	
	VENICE, FL 34275		
		City/State and Zip Code 34275 a gma to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
BRITTANY DEKLE		850 508-1832	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 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		Street Address:	etion
Registration Section Division of Corporations		Registration Section 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

(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears on our records d Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company were filed on 1.23000030742 Florida document number				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	ability company here:		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "L1.C"	" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		119 TOSCAVILLA BLVD	8: 28 S FAT	
(Mailing address MAY BE A POST OFFICE BOX)		NOKOMIS, FL 34276		
B. If amending the registered agent and/or	registered office	e address on our records, <u>enter</u>	the name of the new regis	
agent and/or the new registered office addr	ess here:			
Name of New Registered Agent:	SABA ALI		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	701 SHAMR	OCK BLVD		
The The State of the Andrews		Enter Florida street address	5	
	VENICE	, Flo	orida <u>34275</u>	
		City	Zip Code	

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

CIGAR LLC

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>	<u>Address</u>	Type of Action
MGR	ALLEN P RODRIGUEZ	716 ALBEE ROAD WEST, NOKOMIS, FL 34275	□Add
			**Remove
			□Change
MGR	SIDRA ISLAM	119 TOSCAVILLA BLVD, NOKOMIS, FL 34276	i ≴ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the reco record is f	rd 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 iled.
Dated	3/30 2023 MARM
	Signature of a member or authorized representative of a member
	Allen Rodique Z Typed or printed name of signee