

L23000319578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

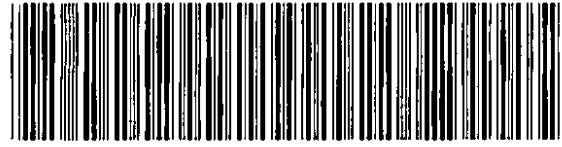
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Wrong application

Office Use Only



300414498903

08/24/23--01007--022 ++52.50

11/03/23--01028--003 ++7.50

FILED
2023 OCT 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

NOV 02 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

Charlie Cigars, 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:

Andrew C. Tsunis

Name of Person

Charlie Cigars, LLC

Firm/Company

6500 Sunset Way, Suite 418

Address

St. Pete Beach FL 33706

City/State and Zip Code

tsunis@mac.com

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

For further information concerning this matter, please call:

Andrew C. Tsunis

917

365-0123

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 17 AM 10:02

FILED

Dear Florida Dept of State:

Attached please find my corrected documents and a check for \$7.50 per your letter to me on Sept 26, 2023 also copied herein.

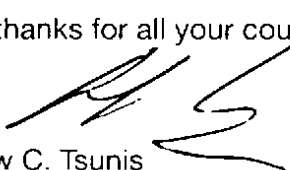
I trust all docs are now in Order and we can make the amendment effective for Changing the name of Sunset Way Realty LLC TO Charlie Cigars, LLC.

If you need me for any reason, my number is 917-365-0123 and email is tsunis@mac.com

Many thanks for all your courtesies.

Best

Andrew C. Tsunis

A handwritten signature in black ink, appearing to read 'Andrew C. Tsunis', is written over the printed name. The signature is stylized and cursive.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2023

ANDREW C. TSUNIS
6500 SUNSET WAY, APT 418
ST. PETE BEACH, FL 33706

SUBJECT: SUNSET WAY REALTY LLC
Ref. Number: L23000319578

We have received your document for SUNSET WAY REALTY LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

There will be an additional \$7.50 to get everything you requested for this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 823A00022253

\$17.50 check enclosed.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sunset Way Realty LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 OCT 17 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on July 7 2023 (copy attached) and assigned
Florida document number L2300031919578

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHARLIE CIGARS, LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida _____

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

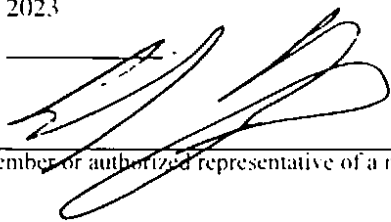
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

October 6, 2023

Dated _____



Signature of a member or authorized representative of a member

Andrew C. Tsunis

Typed or printed name of signee