L24000130857

(Re	equestor's Name)	
(Āc	ddress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
		CANA CIGARS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	1.	'IVIANA YANARA CERDA	
		Name of Person	
	ſ	DOMINICANA CIGARS, LLC	
		Firm/Company	
		2532 SEVEN OAKS DR	
		Address	
		SAINT CLOUD, FL 34772	
		City/State and Zip Code	
		vivianacigars@yahoo.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
ROBERTO A. DONE		718 713-7914	
Name o	f Person	at () Area Code Daytime '	Telephone Number
Enclosed is a check for the	ne 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 Solvision of Control P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sect Division of Corp. The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations — Ilahassee — Street, Suite 810 — —

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DOMINICANA CIGARS, LE	
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp.	ppears on our records.) any)
The Articles of Organization for this Limited I lorida document number 1.24000130857	.iability Company were filed o	m MARCH 15, 2024 and assigned
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name of	of the limited liability compar	ny here:
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
<u> Agiling address MAY BE A POST OFFICE</u>	BON	
		our records, <u>enter the name of the new registe</u>
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	YANARA CERDA, VIVIA	NA
New Registered Office Address:	2532 SEVEN OAKS DRIVE	:
	Ente	r Florida street address
	SAINT CLOUD	, 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>	Address	Type of Action
MGR	RIOS CASTILLO, ANGEL	2532 SEVEN OAKS DRIVE	= Add
		SAINT CLOUD, FL 34772	□Remove
		_	
			□Add
			□Remove
		□Remove	
			□Change
		□Add	
		⊡Remove	
			□Change
		□Add	
			r∻ □Remove :
			Change
-			 □Add -:
			 □Remove
			∏/ banga

N/A		
		
ective date, if other than th	MAY 28, 2024 ne date of filing:	(optional)
reffective date is listed, the date m	ust be specific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605.020
rument's effective date on the	block does not meet the applicable statutory filing r Department of State's records.	equirements, this date will not be listed a
cord specifies a delayed effect	ive date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
s filed.		
		•••
MAY 28	2024	
·-··	·	
	700,000	<u></u>
	Signature of a member or authorized representative of	a member
	Signature of a member or authorized representative of	a member

Filing Fee: \$25.00