

(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

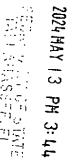
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COVER LETTER

Registration Section

TO:

Divis	ion of Corp	orations				
	SEVEN CIC					
SUBJECT:		Name of Lim	ited Liability Company			
	•					
The enclosed	Articles of A	mendment and fee(s) are sub-	Name of Person CO Firm/Company ND BLVD C4 #225 Address TE. FL 33954 City/State and Zip Code All. COM Idress: (to be used for future annual report notification) Idease call: 813 4081747 At (
Please return a	all correspon	dence concerning this matter	to the following:			
		Yasiel Garcia				
		•	Name of Person			
	SEVEN CIGARS CO					
	Firm/Company					
	24123 PEACHLAND BLVD C4 #225					
	Address					
PORT CHARLOTTE. FL 33954						
			·			
		7CIGARSCO@GMAIL.CO		notification)		
For further inf	formation co	ncerning this matter, please ca		, ,		
				7		
VASIEL GARCIA Name of Person			at ()			
	Name of	r Grson	Alea Coac 17a	yunc receptore rumos		
Enclosed is a	check for the	e following amount:				
DZ \$ 25.00 Fi		☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Reg Div P.O	ing Address istration S ision of Co . Box 6327 ahassee, F	ection orporations 7	Registration Division of The Centre	Section Corporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability) The Articles of Organization for this Limited Liability Company were fi		ords.)		
he Articles of Organization for this Limited Liability Company were fi				
	led on		_ and assign	ned
lorida document number L24000154829				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability co	mpany here:			
SEVEN CIGARS CO, LLC				
he new name must be distinguishable and contain the words "Limited Liability Com	oany," the designation "LI	.C" or the abbre	viation "L.L.C	C."
Inter new principal offices address, if applicable:	3 PEACHLAND BLVI	O C4 #225	20	
· · · · · · · · · · · · · · · · · · ·	T CHARLOTTE, FL 33		24 KA)	1]
		T. MAS	$\frac{1}{\omega}$	
Inter new mailing address, if applicable:	3 PEACHLAND BLVI	O C4 #225 [5]	PR .	
-	T CHARLOTTE, FL 33	3954	3: - \	ر ت —
		ירו:		

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
AMBR = Munfing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MMBR	YASIEL GARCIA	24123 PEACHLAND BLVD C4 #225	
		PORT CHARLOTTE, FL 33954	□Remove
	Change Title to Mu	mging Member.	Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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ective	date, if othe	er than the date of f	filing:		(or	ptional)	
n effectiv	e date is listed	, the date must be specified in this block does (c and cannot be pri	or to date of filing o licable statutory fi	r more than 90 days a: ling requirements	ft e r filing.) Pursuant this date will no t b	to 605.0207 se listed as
		ate on the Department			g .vqv		
		yed effective date, bu	t not an effective	time, at 12:01 a.i	n, on the earlier of:	: (b) The 90th da	y after the
is filed.							
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		Net					
		Signature	of a member or au	thorized representat	ive of a member		
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