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SECRETARY OF STATE
TALL ANACSEF FOR

COVER LETTER

	Registration S Division of Co				
SUBJEC	HAVANA	LEAF CIGARS LLC			
SOBJEC	·	Name of Lin	nited Liability Company		
The enclo	sed Articles of	f Amendment and fee(s) are sul	bmitted for filing		
		ondence concerning this matter	-		
		JENNIE PLEASANT			
			Name of Person		
		ORTEGA & FIGUEROA	ACCOUNTING TAX SERVICE	S	
Firm/Company					
5100 W COPANS ROAD SUITE 1010					3 2 2 2 3 3 3 4
			Address		SEP
		MARGATE FLORIDA 33	8063	150	7
		OFFICE@MARGATETA	City/State and Zip Code		704 SEP -4 DH 10: 35
		E-mail address: (to be used for future annual report no	ification)	तं ज
For further	information c	oncerning this matter, please c	all:		
JENNIE P	LEASANT		954 974-3338		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is	a check for th	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	
Re Di	ailing Address egistration S ivision of Co O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAVANA LEAF CIGARS LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on and assigned
Florida document number 1.24000176562	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility 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)	2024 SEP - I MANASS
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	T31 - 4 A

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.

City

Zip Code

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	GABRIEL BERMEJO	245 NE 14TH ST APT, 3007 MIAMI, FL 33132	= Add
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Effective date, if other than the	e date of filing:		(optional)	
If an effective date is listed, the date mus Note: If the date inscried in this bl	lock does not meet the appl	icable statutory filing	e than 90 days after filing) Pi	irsuant to 605 0207 (3)(b) I not be listed as the
document's effective date on the D	eparonem of State's record	18.		
e record specifies a delayed effectived is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
AUGUST 27	2024			
<u> </u>	2001	 ·		
()	James			

Typed or printed name of signee