| (Re                     | questor's Name)   |                 |
|-------------------------|-------------------|-----------------|
| · (Add                  | dress)            |                 |
| (Ad                     | dress)            |                 |
| (Cit                    | y/State/Zip/Phone | <del>)</del> #) |
| PICK-UP                 | WAIT              | MAIL            |
| (Bu                     | siness Entity Nam | ne)             |
| (Do                     | cument Number)    |                 |
| Certified Copies        | Certificates      | of Status       |
| Special Instructions to | Filing Officer:   |                 |
| . ,                     |                   |                 |
| ,                       |                   |                 |
| ·                       |                   |                 |

Office Use Only



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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                     | Ĭ   |   |
|--|---|---|
| NAME OF CORPORATION:   | s Cigars, Inc.  |   |
| DOCUMENT NUMBER: PO9000                                      | 003155  |   |
| The enclosed Articles of Amendment and fee a                 | re submitted for filing.  |   |
| Please return all correspondence concerning this             | is matter to the following:  OUTCYPEZ  lame of Contact Person       |   |
| Lakes Cigo   | irs. Inc.   |   |
|  | Firm/ Company   | **************************************  |
| 6111 Miami   | Lakes Drive Ed  | ist_  |
| / Miami Lake   | S FL 33014<br>ity/ State and Zip Code                               |   |
| E-mail address: (to be use                                   | d for future annual report notification)                            |   |
| For further information concerning this matter,              | please call:  |   |
| Jose Gutierrez  Name of Contact Person                       | at (305) 822-3<br>Area Code & Daytime Telep                         | 3077  |
| Enclosed is a check for the following amount n               | nade payable to the Florida Departn                                 | ient of State:  |
| ✓ \$35 Filing Fee & Certificate of Status                    |   | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Malling Address  Amendment Section  Division of Corporations | Street Address Amendment Section Division of Corporations           |   |
| P.O. Box 6327 Tallahassee, FL 32314                          | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   |

## Articles of Amendment to Articles of Incorporation of



| <u>Lakes Cloars, In</u>  | 2010 JUL -6 PM 14:30   |
|--|--|
| (Name of Corporation as currently filed with   | the Florida Dept. of State) SECRETARY OF STATE   |
| 14090,00003155   | MULAHASSEE BUORIDA   |
| (Document Number of Corpora  | tion (if known)  |
| D  |  |
| Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:  | ites, this Florida Profit Corporation adopts the following   |
| anonuments) to its 14 notes of incorporation.  |  |
| A. If amending name, enter the new name of the corporation   | <u>on:</u>   |
|  | The new  |
| name must be distinguishable and contain the word "cor   |  |
| abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations of the contain the | Corp," "Inc," or "Co". A professional corporation  |
| name must contain the word chartered, projessional associ  | dution, of the doorevation T.A.  |
| B. Enter new principal office address, if applicable:  | 6111 Miami Lakes Dire E.   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | Miami Lakes, FL 33014  |
|  | WILDING OF THE STATE OF THE STA |
|  | <del></del>  |
| C. Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | LOLL Miamillakes Drive E   |
|  | Miami Lakes FL 33014   |
| •  | Telluli Calety To Sec.   |
|  |  |
| D. If amending the registered agent and/or registered office<br>new registered agent and/or the new registered office ad   |  |
|  |  |
| Name of New Registered Agent: OSC  | Gutierrez  |
| in IIIa)   | ami Lakes Drivet.  |
| New Registered Office Address: (Flor   | rida street address)   |
| Micini   | Wiles, Florida 33014   |
| <u></u>  |  |
|  |  |
| New Registered Agent's Signature, if changing Registered a liberary accept the appointment as registered agent. Jam fan  | Agent: Adding with and accept the obligations of the position.   |
|  | el II  |
| Shadwa   | w Registered Agent if changing   |
|  | t treputtion useriff it connents.  |

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added; (Attach additional sheets, if necessary)

|     | Title         | Name   | Address                                       | Type of Action |
|-----|---------------|--|---|----------------|
|     |               | Eduardo Gonzalez   | Will Migmi Lakes C<br>Migmi Lakes, FC<br>3304 | Add Remove     |
| ich | President     | wilfredo Gonzalez  | LOUILLAKES JEL<br>MIGMI LOKES JEL<br>33014    | Add Remove     |
|     |               |  |   | Add Remove     |
|     |               | g or adding additional Articles, enter tional sheets, if necessary). (Be specificational sheets) |   |                |
|     | <del></del>   |  |   | ·              |
| •   |               |  |   |                |
|     |               |  |   |                |
|     |               |  | **  | <del></del>    |
|     | F. If an amer | ndment provides for an exchange, recl  | assification, or cancellation of iss          | ued shares,    |
|     | provisions    | for implementing the amendment if a applicable, indicate N/A)                                    | ot contained in the amendment i               | tself:         |
| •   |               |  | 1,  |                |
|     |               |  |   |                |
|     |               |  |   |                |
|     |               |  |   |                |
|     |               |  |   |                |

| The date of each amendment(s) adoption:   |
|---|
| Effective date if applicable:Same — date of adoption is required)   |
| (no more than 90 days after amendment file date)  |
|   |
| Adoption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):                 |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |
|   |
| (voting group)  |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| Signature  (By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Jose Gutierrez  (Typed or printed name of person signing)   |
| (Title of person signing)   |