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(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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JUL 1 4 2015 **T CANNON**

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPÓRA	TION: MDM CIGARS IN	NC .	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
E	ELYN MORELL		•
_		Name of Contact Persor	1
V	ALUE TAX PREP.		
_		Firm/ Company	
90	2 W LUMSDEN RD STE I	106	4
_		Address	-
В	RANDON FL 33511		
_		City/ State and Zip Code	2
EVELY	N@VALUETAXPREP.CO	М	
	E-mail address: (to be us	ed for future annual report	notification)
For further information c	oncerning this matter, please	e call:	
EVELYN MORELL		at (444-4466
Name of (Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of	
IDM CIGARS INC		·
(Name of Corp	oration as currently filed with the Florida	Dept. of State)
1100005122 2		
1)	Occument Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Factorial Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s)
If amending name, enter the new name of	he corporation:	
		The new
ume must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation 'ord "chartered," "professional association," o	Corp," "Inc," or "Co". A professional cor r the abbreviation "P.A."	orporated" or the abbreviation poration name must contain the
Enter new principal office address, if applied in the principal office address MUST BE A STREET		
	TAMP FL 33605	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX) 1817 7TH AVE	SECR TALL!
	TAMPA FL 33605	FIL FIL ASS 11 29
If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the ered office address:	name of the PH 2: 4
Name of New Registered Agent VALL	E TAX PREP.	ATE RIDA
902 W	LUMSDEN RD STE 106	
	(Florida street address)	
New Registered Office Address:	DON	Florida 33511
	(City)	(Zip Code)
New Registered Office Address:		, Florida
	γ	٠
ew Registered Agent's Signature, if changing		
pereby accept the appointment as registered ag	ent. I am familiar with and accept the obliga	tions of the position.

Signature of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One):	<u>Title</u>	Name	<u>Address</u>
1) Change	***	·	
Add			
Remove		·	1
2) Change			
Add			
Remove			
3) Change			
Add			129 129
Remove			
4) Change			STATE LORIDA 2: 46
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	- 111.00		
A <u>d</u> d	•		
Remove			

(Attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or cancellation	of issued shares,	TALL ATTACSE
provisions for implementing the amendment if not contained in the amend	of issued shares,	S LANGSE
f an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	of issued shares, ment itself:	LLAHASSEELFL
provisions for implementing the amendment if not contained in the amend	of issued shares,	ULAHASSEE FLO
provisions for implementing the amendment if not contained in the amend	of issued shares,	LLAHASSEELFL
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f an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	of issued shares,	ULAHASSEE FLO
provisions for implementing the amendment if not contained in the amend	of issued shares,	ULAHASSEE FLO
provisions for implementing the amendment if not contained in the amend	of issued shares,	ULAHASSEE FLO

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	:
by)))))))))))))))))))	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
06/22/2015 Dated		
(By) dire sedeted, appointe	d fiduciary by that fiduciary) ARIO D MAGAN	SECRETAR) TALLAHASS
_	(Typed or printed name of person signing)	P
· P		S = 20

(Title of person signing)