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Office Use Only



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2018 NOV -2 PM 3: 20 SERVE VARY SEE, FL

C GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MDM CIGARS,IN	VC					
	IBER: P11000051222						
	es of Amendment and fee are su	bmitted for filing.					
Please return all com	espondence concerning this ma	tter to the following:					
	MARIO MAGAN						
		Name of Contact Perso	on				
	MDM CIGARS,INC						
		Firm/ Company					
	1817 7TH AVE						
	Address						
	TAMPA, FL 33605						
		City/ State and Zip Coo	le				
3.4.	VITOLAHEDENIOLA SCHAL	I COM					
	YITOLAHERENCIA@GMAI	sed for future annual repor	4				
For further informati	on concerning this matter, pleas	se call:	5120587				
Name	of Contact Person	··	ode & Daytime Telephone Number				
Enclosed is a check t	for the following amount made	payable to the Florida Dep	partment 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)				
Mailing Address			Address				
	nendment Section		dment Section				
Division of Corporations P.O. Box 6327			on of Corporations n Building				
Tallahassee, FL 32314		2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

MDM CIGARS.INC			2018 NOV . 2 DV 0
(Name of Corporation	on as currently filed with	the Florida Dept. of State	
P11000051222			SEURETARY OF STATE
(Docum	ent Number of Corporation	on (if known)	THE EMMASSEE, FL
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	. Statutes, this Florida Pro	ofit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "Co". A pr		r the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered of	office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	•	, Florida	
New Registerea Office Mauress.	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and ac	cept the obligations of the po	osition.
	ature of New Registered A	gent, 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Đ	MAGAN, MARIO O	3308 W. PARIS ST
Add _X Remove			TAMPA, FL 33614
2) Change			
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Purnova			

Attach additional sheets, if necessary).	(Be specific)
	
	
	
	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file da	
(no more than 90 days after amendment file da	rte)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremed document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendments.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
10/25/2018	
DatedSignature	
signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
MAGAN, MARIO D	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	