

P110000070396
10/31/2011 12:05 3052274240 M.A.S. TAX&ACCT FAX #: (850) 617-6380 PAGE 02/07

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MAS TAX AND ACCOUNTING INC.
Account Number : I20080000059
Phone : (305) 227-7210
Fax Number : (305) 227-4240

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ada@apcaccounting.com

FILED
2011 OCT 31 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MY CIGAR IN USA INC**

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Corporate Filing Menu

Help

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M.A.S.TAX&ACCT

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PAGE 01/07



October 26, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MY CIGAR IN USA INC
14263 SW 42 ST
MIAMI, FL 33175

SUBJECT: MY CIGAR IN USA INC
REF: P11000070396

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H11000256904
Letter Number: 311A00024504

RECEIVED
11 OCT 31 AM 8:02
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

FAX #: (850) 617-6380

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MY CIGAR IN USA INC

DOCUMENT NUMBER: P11000070396

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADA ESTRADA

Name of Contact Person

MAS TAX AND ACCOUNTING SERVICES

Firm/ Company

14263 SW 42 ST

Address

MIAMI, FL 33175

City/ State and Zip Code

ada@apccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADA ESTRADA

Name of Contact Person

at (305) 227-7210

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAX #: (850) 617-6380

FAX FILED (850) 617-6380

Articles of Amendment
to
Articles of Incorporation
of

2011 OCT 31 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDAMY CIGAR IN USA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000070396

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FAX #: (850) 617-6380

FAX # : (857) 617-6380

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>S</u>	<u>CARLOS A. GOYANES</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

FAX # : (857) 617-6380

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(attach additional sheets, if necessary). (Be specific)

Handwritten notes and a small diagram are present on this section of the form. The diagram consists of a rectangle with a diagonal line from the top-left corner to the bottom-right corner, and a small square attached to the left side of the rectangle.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Blank lined area for handwritten response to question F.

FAX # : (850) 617-6380

The date of each amendment(s) adoption: 10/26/2011

Effective date if applicable: 10/26/2011
(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 statement 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

by _____."
(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.

Dated 10/26/2011

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)

ANDRES H. VALLADARES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)