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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CIGAR CITY VE	NTURES OF TAMPA BA	Υ	
DOCUMENT NUM	P13000016206			
The enclosed Articles	of Amendment and fee are si	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	TANIA GONZALEZ			
		Name of Contact Person	n	
	CIGAR CITY VENTURES	OF TAMPA BAY		
		Firm/ Company		
	7505 N CORTEZ ST			
		Address		
	TAMPA FL 33614			
		City/ State and Zip Cod	e ·	
eigar	cityventuresoftampabay@live	e.com		
		sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
TANIA GONZALEZ	:	at (
Name	NIA GONZALEZ Name of Contact Person at (321) 2845212 Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CIGAR CITY VENTURES OF TAMPA BAY INC

(Name of Corporation as current	tly filed with the Florida Dept, of State)
P13000016206	
(Document Number of	of Corporation (if knowπ)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7505 N CORTEZ ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA FLORIDA 33614
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7. E T
	77年 主
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
the of the organization of	¥
(Florida si	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Nam Dagistarad Agant's Cianatum if abanaina Basistanad Agan	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>vith and accept the obligations of the position.</u>
Signature of X-eve	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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SPAGNOLO, EGIDIO	3405 W TAMPA BAY
Add			TAMPA, FL 33607
X Remove			
21 Change	VP	MILEISIS Pre: +0	3405 W TAMPA BAY
Add			TAMPA, FL 33607
X Remove			
3.) Change	PS	TANIA GONZALEZ	7505 N CORTEZ ST
XAdd			TAMPA, FL 33614
Remove			
4) Change		<del></del>	_
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		_	_
Add			
Ramasa			

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 NA)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	Con House		
provisions for implementing the amendment if not contained in the amendment itself:					
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(if not applicable, indicate N/A)	provisions for implementing the ame	ndment if not cont	ained in the amend	iment itself:	1
	(if not applicable, indicate N/A)		<del>-</del>		
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				·	<b></b>

	08/01/2018	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	8/01/2018	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/16/20 Dated	18	
Signature	Ed in rule	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other co inted fiduciary by that tiduciary)	
	EGIDIO SPAGNOLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	