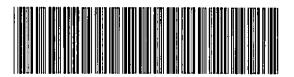


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OCT 2 4 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: CIGAR CITY VE	NTURES OF TAMPA BAY	Y		
DOCUMENT NUMBER:					
The enclosed Articles of Ar		ibmitted for filing.			
Please return all correspond	ence concerning this ma	tter to the following:			
TAN	IIA GONZALEZ				
		Name of Contact Persor	1		
CIGAR CITY VENTURES OF TAMPA BAY					
	•	Firm/ Company			
7505	N CORTEZ ST	Time Company			
<del></del>	Address				
TAN	1PA FL 33614				
		City/ State and Zip Code	e		
eigareityve	mturesoftampabay@live	com			
	E-muil address; (to be u	sed for future annual report	notification)		
For further information con-	cerning this matter, pleas	se call:			
TANIA GONZALEZ		at ( <u>321</u>			
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	uriment 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, Ft. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

to

CIGAR CITY VENTURES OF TAMPA BAY INC.

(Name of Corporation	on as currently f	iled with the Florid	da Dept. of State)	
P13000016206				
(Docum	ient Number of C	orporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corpor	ation adopts the fo	ollowing amendment
A. If amending name, enter the new name of the con	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 a	" "Inc," or "Co	". A professional	incorporated" or corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable			<del></del>	<del></del>
(Principal office address <u>MUST BE A STREET ADD</u>	(RESS )			PEG S
				图 8 7
				<del></del>
C. Enter new mailing address, if applicable:				SE T
(Mailing address MAY BE A POST OFFICE BOY	<u>V</u> )			77.72
				0
				三 意味 ね
		·		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, enter (	the name of the	
	omce address.			
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			, Florida	
	ıĈ	iy)		(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	<u>stered Agent:</u> Lam familiar witi	and accent the obl	ligations of the nos	rition
The state of the s	am yamma wan	· ana accept the ont	iganous ty inc pios	arren.
Sivna	nure of New Reg	istered Agent if cha	noino	<del>-</del>

## 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	PT	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ELAINE D NOGUEIRA	7505 N CORTEZ ST
X Add			TAMPA, FL 33614
Remove			
2) Change			
Add			
Remove			
3.) Change		_	
Add			
Remove			
4)Change			
Add			
Remove			<u>-</u>
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
				<del></del>
· · · · · · · · · · · · · · · · · · ·	- <del></del>	<u>-</u> .		
<del>-</del>			<del></del>	
<u> </u>		<del></del>		
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		<del>-</del>		
			• •	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification	on, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	adment ii not conta	med in the amendi	nem usen.	
		-		
	_			
			•	•.

The date of each amendment(s): date this document was signed.	adoption:	if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/04/20	18	
DatedSignature	aut	
(By a select	director, presiden or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	— <del>—</del>
	TANIA GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · ·