## P13000093564

(Re	questor's Name)	···
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u> </u>		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: DOWNTOWN CIGAR LOUNGE IN  DOCUMENT NUMBER: P130000 93564
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TROY MENAIR SP.  Name of Contact Person  DownTown Cigar lounge INC.  Firm/Company  Il North Ocean STROBT  Address  Address  City/ State and Zip Code  TROY DownTown Cigar lounges, com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TROY MONANE SR at (904) 318-8128  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## **Articles of Amendment**

to
Articles of Incorporation

DOWNTOWN CIGAR LOUNGE INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
D13000093564	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
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 all "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A professional corporation name must a word "chartered." "professional association," or the abbreviation "P.A."	bbreviation
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)	SCONE FILED SCONE FILED SCONE FIREY OF COR
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	D OF STATE APORATIONS PH 3: 52
(Florida street address)	
New Registered Office Address: , Florida (City) (Zip Code)	
(Sign (Lap Colle)	
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	

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		VAULT JOHNSON	11 Noch Ocopuls JACKSONILISEL 32202
Add			JACKSON, 115, ET
Remove			32202
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

Attach	additional si	ding additional A hects, if necessar	v). (Be specific	:)		
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lf an a	mendment p	provides for an e	xchange, reclas	sification, or ca	ncellation of issi	ied shares,
provi	sions for im f not applica	provides for an eplementing the an elble, indicate N/A	mendment if no )	t contained in t	he amendment i	tself:
			· <u>····</u>			
				-		

The date of each amendment(s) adoption:	1/31/15	FILES SECRETARY S ALVISION OF COS	F STATE CORATIONS if other than the
date this document was signed.	1/2/15	15 FEB 23	
Effective date <u>if applicable</u> :	(no more than 90 days after a		····
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of voor approval.	otes cast for the amendment(s	
The amendment(s) was/were approved by must be separately provided for each vote			nt
"The number of votes cast for the ar	mendment(s) was/were sufficient fo	r approval	
by	(voting group)		
1	voling group)		
The amendment(s) was/were adopted by t action was not required.	he board of directors without share	holder action and shareholde	r
the amendment(s) was/were adopted by t action was not required.	he incorporators without sharehold	er action and shareholder	
Dated	1/31/15		
Signature	1 ME	2 .	
(By a director, poselected, by an i	resident or other officer – if directon neorporator – if in the hands of a relary by that fiduciary)	ors or officers have not been ecciver, trustee, or other cour	1
Ix		FIR SR.	
ı	(Typed or printed name of	f person signing)	

(Title of person signing)