P15000080068

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SECRETARY OF STATE ON STONE OF CORPORATIONS

MAR 29 2011

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TIRADOR-RAMO	OS QUALITY CIGARS CO	DRP.
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are st	abmitted for filing.	,
Please return all corres	pondence concerning this ma	tter to the following:	
	JAIME TIRADOR		
-		Name of Contact Persor	1
	TIRADOR-RAMOS QUAL	ITY CIGARS CORP	
-		Firm/ Company	
	19651 BRUCE B. DOWNS		
-		Address	
	TAMPA, FL 33647		
-		City/ State and Zip Code	<u> </u>
trauali	tycigars@gmail.com		
		sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Jaime Tirador		813	361-7911 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

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TIRADOR-RAMOS QUALITY CIGAR	IS CORP.	The feature of the fe				
(<u>Name</u>	of Corporation as currer	ntly filed with the Florida Dept. of State)				
P15000080068		2				
	(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607, its Articles of Incorporation;	,1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendm				
A. If amending name, enter the new na	ame of the corporation:					
N/A		The nev				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain th				
B. Enter new principal office address,	if annlicable:	19651 BRUCE B. DOWNS BLVD, SUITE D5				
(Principal office address <u>MUST BE A S</u>		TAMPA, FL 33647				
C. Enter new mailing address, if appliation (Mailing address MAY BE A POST) D. If amending the registered agent an	<u>OFFICE BOX</u>)	19651 BRUCE B. DOWNS BLVD, SUITE D5 TAMPA, FL 33647				
new registered agent and/or the new						
Nume of New Registered Agent	JAIME TIRADOR					
7.7.	19651 Bruce B Downs F	Blvd Suite D5				
	(Florida s	treet address)				
New Registered Office Address;	Tampa	, Florida_33647				
		(City) (Zip Code)				
New Registered Agent's Signature, if c		(City) (Zip Code)				
	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	Name	<u>Address</u>
() Change	VP	Sheriocha Lazo	19651 Bruce B Downs Blvd
XAdd			Suite D5
Remove			Tampa, Fl 33647
2) Change	***	MADAY ACOSTA	20265 MERRY OAK AVE
Add			TAMPA, Fl. 33647
X Remove			
3)Change			
Add			AMERICAN CONTRACTOR OF THE PROPERTY OF THE PRO
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			AND THE RESERVE OF THE PARTY OF
Remove			
6) Change			
Add			
Remove			

	(Be specific)
NATIONAL	
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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	March 2	2, 2017	
The date of each amendment(s date this document was signed.	adoption:		, if other than the
	March 22, 2017		
Effective date if applicable:	(no more than 90 da	rys after amendment file date)	
Note: If the date inserted in the document's effective date on the		e statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were by the shareholders was/were		mber of votes east for the amendment(s	6)
	pproved by the shareholders through for each voting group entitled to vote	n voting groups. The following stateme e separately on the amendment(s):	nt
"The number of votes of	st for the amendment(s) was/were su	ifficient for approval	
by	(voting group)	<u>,</u>	
-	(voting group)		
☐ The amendment(s) was/were action was not required.	dopted by the board of directors with	hout shareholder action and shareholde	r
The amendment(s) was/were a action was not required.	dopted by the incorporators without	shareholder action and shareholder	
Dated	Murch 22nd, 2017	_	
Signature	Ginele		
(By selec		if directors or officers have not been nds of a receiver, trustee, or other cour	
	Jaime Tirador		
	(Typed or printed name	person signing)	
	President	radol	
		erson signing)	