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LLC. Tree Amendment
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2025 JAN 12 AM 11: 35 SECRETARY OF STAI TALLAHASSEE, FL

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то:	Registration of	on Section Corporations		
SUBJEC	et: TOBA	CCO NATIONAL COMPANY		
		Name of Limited Liability Company		
The encl	losed Article	es of Amendment and fee(s) are submitted for tiling.		
Please ro	eturn all cor	respondence concerning this matter to the following:		
		EDUARDO BERRIOS TOSCANO		
		Name of Person		
		Fim/Company		
	15432 SW 77TH CIRCLE LANE, APT 315.			
		Address		
		MIAMI,FL,33193	20	
	City/State and Zip Code			
		BERRIOSCENTER@GMAIL.COM. E-mail address: (to be used for future annual report notification)		
For furth	ner informat	ion concerning this matter, please call:	2025 JAN 12 AM 11: 35	
EDUAF	RDO BERR	IOS TOSCANO at (33193) 7867713658		
	N:	ime of Person Area Code Daytime Telephone Number 37	<u> </u>	
Enclosed	d is a check	for the following amount:		
□ \$ 25	.00 Filing F	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & py	
	Mailing Ad Registrat	Idress: Street Address: ion Section Registration Section		

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOBACCO NATIONAL COMPANY				
(Name of the Limited Liahi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		_	
The Articles of Organization for this Limited Liability	Company were filed on 1/31/2025	an	ıd assigı	ned
Florida document number 1.25000055783				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	mited liability company here:			
TOBACCO NATIONAL & COMPANY LLC				
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	obreviation	on "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<i>U</i> :	202	
		<u> </u>	درء <u>ب</u>	
	· ·	~m >:⊒	<u>~</u>	
B. If amending the registered agent and/or register	ed office address on our records, enter the nan	is of th	e new r	egistere
agent and/or the new registered office address here		SS O		1.1
		ت است. است ست	AM II:	
Name of New Registered Agent:		77.7	 မ္က	
		۲۰۱	U1	
New Registered Office Address:	r . C · L · H.			
	Enter Florida street address			
	Florida			
	City	Zip (Code	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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a effective date is listed, the d	are must be specific and can	not be prior to date of	filing or more than 90 a	days after filing 1 i'ursu	ant to 605 020
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