

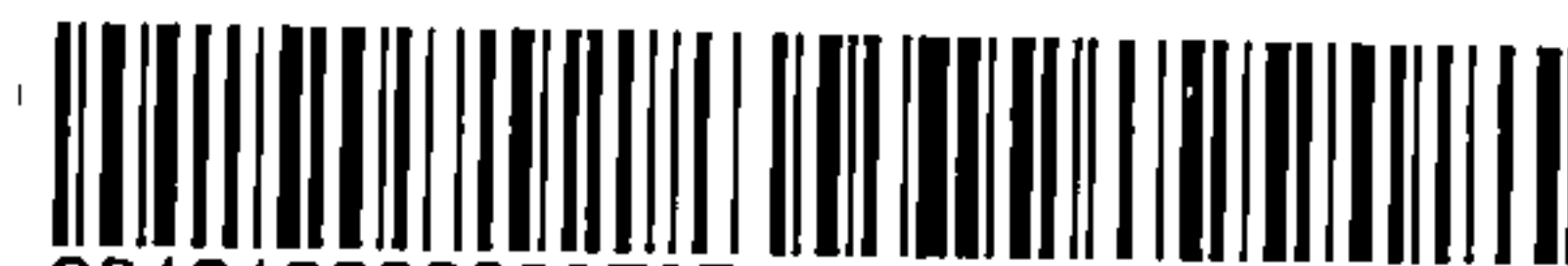
STATE OF ALABAMA

**DOMESTIC LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975, this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. **Contact the Judge of Probate's Office to determine the county filing fees.** Make a separate check or money

order payable to the **Secretary of State for the state filing fee of \$50.00 for standard processing or \$150.00 for expedited processing** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at www.sos.alabama.gov, under the Records tab, Record Searches, and the Business Entity Records link – you may search by entity name or number. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of filing according to 10A-1-4.04. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your Amendment will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.



20181022000373540 1/2 \$84.00
Shelby Cnty Judge of Probate, AL
10/22/2018 12:04:27 PM FILED/CERT

(For County Probate Office Use Only)

This form must be typed or laser printed.

1. The name of the Limited Liability Company from the Certificate of Formation:

Esteli Cigar Company

2. The date the Certificate of Formation was filed in the county: 06 / 01 / 2012 (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): 062 - 684 **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov, under the Records tab, Record Searches, click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

(For SOS Use Only)

This form was prepared by: (type name and full address)

Robert Pass
386 Laredo Drive
Hoover, AL 35226

CHANGE OF REGISTERED AGENT OR REGISTERED OFFICE BY ENTITY

4. Change the name of the Registered Agent (must be located in Alabama) for this entity to:

Robert Pass

The new registered agent must sign the consent to appointment on page two prior to filing.

5. Change the street (**No PO Boxes**) address in Alabama of the Registered Office to: _____

386 Lardeo Drive, Hoover, AL 35226

6. Change the mailing address of the Registered Office (if different from street address) to: _____

Lardeo
386 Lardeo Drive, Hoover, AL 35226

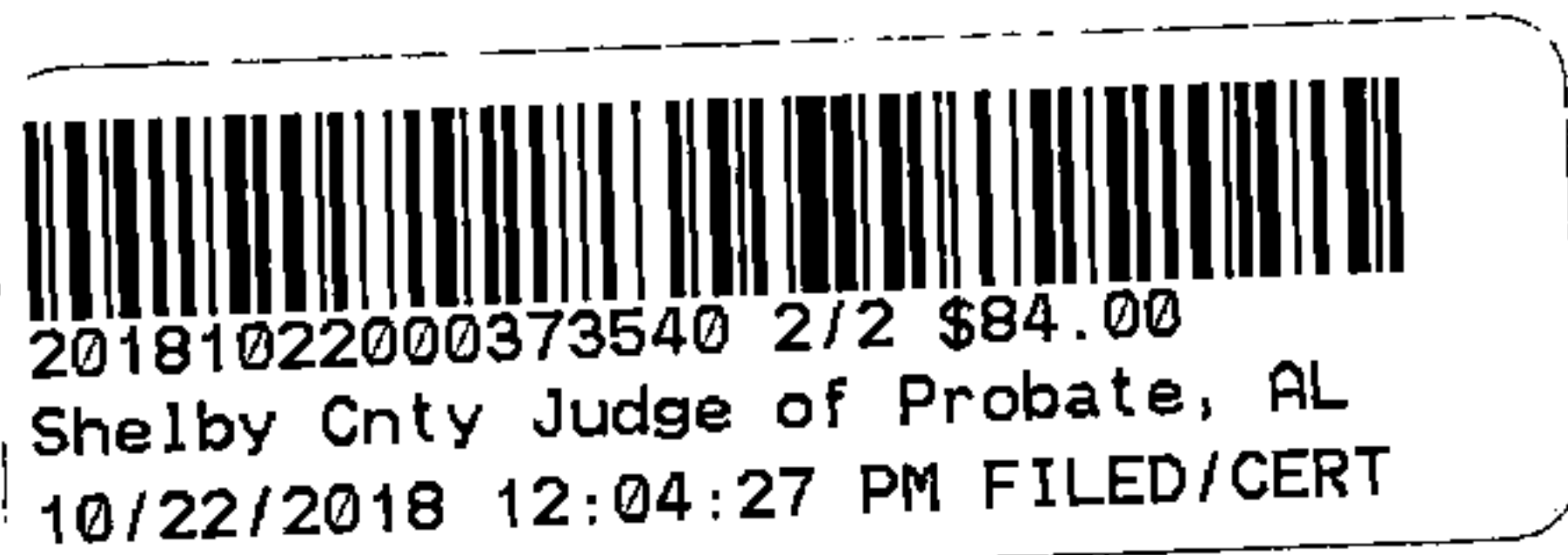
7. The entity certifies that the street address of the registered office and the street address of the registered agent's business are the same.

I, the undersigned, certify that any change specified in this document is authorized by the entity.

 / /
Date

Robert Pass, Manager of Esteli Cigar Company, LLC

Typed Name and Title of Signature for Entity Below



Robert B. Pass
Signature of Person Authorized to Sign per 10A-1-4.01, Alabama Code

I, the undersigned, consent to appointment as registered agent for Esteli Cigar Company, LLC

_____ (entity name in blank).

10/19/2018
Date

Robert Pass

Typed Name of Agent Signature Below

Robert B. Pass
Signature of Registered Agent

Expedited processing* is requested and the fee is included. Please fax the copy of the filed change to (10-digit fax number): _____ or email to: _____

***Acknowledgment Copy:** If you would like an acknowledgement copy of the filed document include a copy with your original filing (or if faxing or emailing we can charge you \$3.00 for copies – check the box) along with a self-addressed envelope. All copies are mailed standard USPS unless envelopes with special postage or overnight courier envelopes are included with the request. Any overnight courier envelopes must have a completed airbill with the billing information completed and clearly marked “bill recipient.” We do not return acknowledgement copies via fax or email unless expedited processing is requested (the fee is an additional \$100.00 for processing within twenty four (24) hours of receipt of the filing).