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(Requ	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CIGARETTES OF	JTLET INC	
	4BER: P07000119114		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Suzanne El-Ghazzaowi		
		Name of Contact Person	n
	CIGARETTES OUTLET IN	С	
	- <u></u>	Firm/ Company	
	3315 HWY 17-92 W	o none a company	
		Address	
	HAINES CITY, FL 33844		
		City/ State and Zip Cod	e
Suza	nnnegazz@aol.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Suzanne El-Ghazzae	owi	863 at (289-2599
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
S35 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)
Ar Di P.o	ailing Address nendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

CIGARETTES OUTLETING		
(Name of Corporation as cur	rently filed with the Florida Dept	. of State)
P07000119114		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ac	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corpo". "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corpore	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Marris Marris M		
	-	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		ne of the
new registered agent and/or the new registered office and	111.53.	
Name of New Registered Agent		
(Florid	da street address)	
Name Burgistania Office Address		r:1 ' 1
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligation	s of the position.
		9
Signature of N	lew 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 Doc	
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>	Address
1) Change	P/S	Suzanne El-Ghazzaowi 3	315 HWY 17-92 W
x Add		 F	HAINES CITY, FL 33844
Remove		-	
2) Change			
Add		-	
Remove		-	
3)Change			
Add		-	
Remove		-	
4) Change			
Add		-	
Remove			
5) Change			
Add		-	
Remove			
6) Change			1.
Add			
Remove			

Attach additional sheets, if necessary,). (Be specific)	
_		
		
-		
		 -
	-	- ·
		
an amendment provides for an ex	cchange, reclassification, or cancellation of iss	sued shares,
if not applicable, indicate N/A)	mendment if not contained in the amendment	itself:
(ij not applicable, inalcale N/A)		
		•

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90) days a	fier amendment file date)
Note: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by(voting group)	··
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
September, 12 2019	
Dated	\
(By a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Mohamad El-Ghazzaowi	
(Typed or printed name of	person signing)
President/Secretary	

(Title of person signing)