## P1000073519

Office Use Only



700280346617

anord

01/13/16--01017--009 \*\*43.75

16 JAN 13 PH 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORID

JAN 1 5 2016
A RAMSEY ASSUME F

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI HO	OKAH CO.			
DOCUMENT NUMBER: P11000073519	_			
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
DOMINIQUE M. LER	ROY			
	Name of Contact Person			
DOMINIQUE M. LER	COY P.A.			
	Firm/ Company			
169 EAST FLAGLER STREET, SUITE 1428-29				
<del></del>	Address			
MIAMI FLORIDA 33	131			
	City/ State and Zip Code			
TOBACCOBREEZE@BELI	LSOUTH.NET			
E-mail address: (to	be used for future annual report notification)			
For further information concerning this matter				
DOMINIQUE M. LEROY	at (786 ) 543-0999			
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 □\$43.75 Filing Fe Certificate of Sta				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle			

## Articles of Amendment to Articles of Incorporation of

MIAMI HOOKAH CO

16 JAN 13 PM L: 25

( <u>Name o</u>	of Corporation as currentl	v filed with the Florida Dept. SESIATE TARY OF STATE TALLAHASSEE, FLORIDA
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new na	ime of the corporation:	
NOT APPLICABLE		The new
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		NOT APPLICABLE
(1 the party of the mainess in the state of	, , , , , , , , , , , , , , , , , , ,	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		NOT APPLICABLE
D. If amending the registered agent an	d/or registered office add	racs in Florida, anter the name of the
new registered agent and/or the new		
Name of New Registered Agent	DOMINIQUE M. LEROY	' P.A.
	169 EAST FLAGLER ST	REET, SUITE 1428-29
	(Florida str	eet address)
New Registered Office Address:	MIAMI	FLORIDA , Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	1
		with and accept the obligations of the position.
	el demice	A level
· · · · · · · · · · · · · · · · · · ·	Signature of New H	Registered Agent, if phanging

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.

X Change	<u>PT</u> <u>John</u>	ı Doe	
X Remove	<u>V</u> ' <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPSD	YOUSSEF CHARAF	11129 SW 146TH CT
X Add			MIAMI FLORIDA 33186
Remove			
2) Change	SEC	YOUSSEF CHARAF	11129 SW 146TH CT
X Add	<del></del>		MIAMI FLORIDA 33186
Remove			
3 ) Change	<del></del>	<del> </del>	
Add			
Remove			
4) Change	<del></del>		<u> </u>
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

E. If amending or adding additional Articles; enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
	<del></del>
	<del></del>
	<del></del> -
	. <u>-</u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A) NOT APPLICABLE	
	-
	<del></del>

	JANUARY 1, 2016	
The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	NUARY 1, 2016	
Enecuve date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	,
Dated	2/3/15	
Signature /	//////	_
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
арроп	med fiductary by that fiductary)	
	ZUHAIR AHMAD	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>