P1200017781

•				
(Re	questor's Name)			
(Address)				
`	,			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
,	-			
· · · · · · · · · · · · · · · · · · ·				
Special Instructions to	Filing Officer:			
		ļ		
<u> </u>				





500236543585

11/07/12--01003--002 **35.00

11/7/12 RW And

FILED

2 NOV -7 PH 12: 22
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

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 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)

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 Tallahassee, FL 32301



November 1, 2012

CAFE HOOKAH INC KATTOURA & ASSOCIATES 1287 E NEWPORT CENTER DR STE 201 DEERFIELD BEACH, FL 33442 US

SUBJECT: CAFE HOOKAH, INC Ref. Number: P12000047781

We have received your document for CAFE HOOKAH, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White Regulatory Specialist

Letter Number: 412A00026715

FILED

12 NOV -7 PH 12: 22
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Articles of Amendment Articles of Incorporation

12 NOV -7 PH 12: 23

CAFE HOOKAH, INC

SECRETARY OF STATE TALLAHASSEE, EL ORIDA

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000047781

(Document Number of Corporation (if known)

dment(s) to

<u>If amending name, enter the new na</u> N/A				_The new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associat	ation "Corp," "Inc," or '	'Co". A professional corpora	orated" or the al ation name must d	bbreviation contain the
3. Enter new principal office address. i Principal office address <u>MUST BE A S</u> I		N/A		
. Enter new mailing address, if applie	nohla:			•
(Moiling address MAY BE A POST C		N/A		
). If amending the registered agent an	d/or registered office add	ress in Florida, enter the nan	ne of the	•
new registered agent and/or the new				
Name of New Registered Agent	KHALDIEH BA	HUR		
	N/A		•	
		reet address)	•	
New Registered Office Address:	N/A	, Florida		٠.
HEW REXISTERED OTHER AGGRESS:	(City,		(Zip Code)	
			·	•
New Registered Agent's Signature, if cl hereby accept the appointment as regist			s of the position.	

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	PI	John Doe		
X Remove	¥	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	P	FADI BAHHUR	432 SE NATIVITY TERR	
Add			PORT ST LUCIE, FL 34984	
XRemove				
2) Change	Р	KHALDIEH BAHHUR	432 SW NATIVITY TERR	
X			PORT ST LUCIE, FL 34984	
Remove				
3) Change	-			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	<u> </u>			
Remove				

E. <u>If am</u>	ending or adding additional Arti	icles, enter change(s) here:
	h additional sheets, if necessary).	(Be specific)
N/A		
		
	- <u></u>	
. If an i	amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
prov	<u>isions for implementing the ame</u>	ndment if not contained in the amendment itself:
	if not applicable, indicate N/A)	
N/A		
	 	
		`

The date of each amendment(s) adoption: 10/18/2012 Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval. (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated OCTOBER 18/2012 (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) **FADI BAHHUR** (Typed or printed name of person signing) PRESIDENT (Title of person signing)