P130000 50550

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MAY 1 0 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: VAPOR WORLD,	INC.				
DOCUMENT NUMBE	P13000080550					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this mat	tter to the following:				
		THAMARA PEREZ				
_	Name of Contact Person					
	TABADESA ASSOCIATES INC.					
	Firm/ Company					
	419 W 49 ST STE. 111					
_	Address					
	HIALEAH, FL. 33012					
	City/ State and Zip Code					
	Т	AMMYP@TABADESA.C	COM			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:						
THAMARA PEREZ		at (<u>305</u>	558-0622			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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				

Articles of Amendment to Articles of Incorporation

(Name of Corpor	ation as currently file	<u>ed with the Florida Dep</u>	t. of State)	
P130000 80550	•			
	ument Number of Co	rporation (if known)	· 	
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	rida Statutes, this Flor	ida Profit Corporation a	dopts the follow	ing amendme
If amending name, enter the new name of the	corporation:			
				Jaka 🗖
ame must be distinguishable and contain the wall Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or t	orp," "Inc," or "Co".	. A professional corpor	orated" or the ration name mus	abbreviation
 Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u> 			<u>.</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)			
. If amending the registered agent and/or registerew registered agent and/or the new register		in Florida, enter the na	me of the	
Name of New Registered Agent			· · · · · · -	_
	(Florida street a	ddress)		_
New Registered Office Address:			. Florida	
	(Ciņ	<i>y</i>)	(Zi	p Code)
ew Registered Agent's Signature, if changing February hereby accept the appointment as registered agen		and accept the obligation	ns of the position	2.

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>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	VP		SHAMSUL MD HUDA	104 NW 9TH TERRACE	
X Add				304	
Remove				HALLANDALE, FL. 33009	
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

	icles, enter change(s) here: (Be specific)	
HIS AMENDMENT COMPRISES TO T	THE ADDITION OF AN OFFICER.	
		<u> </u>
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file de	
(no more than 90) days after amendment file de	11e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	nmendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendations.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.	d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	areholder
Dated MAY 5, 2016	
Signature / Sun Att Attende	
(By a director, president or other officer - if directors or officers ha	ve not been
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other court
ASHIQUR SHUBIR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	