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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corp			
NAME OF CORPO	RATION: S & T TOB	ACCO INTERN	IATIONAL, INC.
	BER: P1400003679		ATONAL, INC.
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	SAID LYAM		
		Name of Contact Person	
	S & T TOBACCO	INTERNATION	IAL, INC.
	000111 0	Firm/ Company	
	2634 North Oran		<u> </u>
		Address	
	Kissimmee FL 34		
		City/ State and Zip Cod	e
sa	idlyam@hotmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
SAID LYAM		at (407	744-7480
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the 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 of

S & T TOBACCO INTERNATIONAL, IN	VC.
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P14000036791	The second secon
(Document Number of Corporation	n (if known) 星台
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	ਰ -
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association." or the abbreviation	ntion," "company." or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Kissimmee FL 34744
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2634 North Orange Blossom Trail
	Kissimmee FL 34744
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office address agent and/or the new registered office address agent and/or the new registered office address agent and/or the new registered office address agent age	
	range Blossom Trail
	a street address)
New Registered Office Address: Kissimmee FL	_ 34744
New Registered Office Address.	- 34/44 Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>
Thereby accept the appointment as registered agent. I am familia	
Said Lyam Signature of New Register	and Agant if obanging

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.

Framelet	s, una sa	ny smun, sv. as an Aaa.		
Example: X Change	PT	John Doe		TASS F
X Remove	<u>V</u>	Mike Jones		14 AUG 25 TALL AHASS
X Add	<u>sv</u>	Sally Smith		NASSE T
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	OF STORY
1) Change		N/A		ORIGE ORIGE
Add				D
Remove				
2) Change				
Add				
Remove				
3) Change			W3 - 2 - 2	····
Add				
Remove				
4) Change				
Add				·
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				· · ·
Remove				

ach additional sheets, if necessary). (Be specific)		7.7
		FOURTHERS OF FLORIE
		" — "
		25
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		T.
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	<u> </u>	
If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	of issued shares, nent itself:	
<u>'A</u>		
<u>A</u>		
A		
A		
A		
A		
A		
A		

The date of each amendment(s) adoption: 08/16/2014	, if other than t
date this document was signed.	
Effective date if applicable: 08/16/2014	
(no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
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 THE
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):	ED 25 PM 4: 30
"The number of votes cast for the amendment(s) was/were sufficient for approval	5 E W
by	揺っ
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_08/16/2014	
Signature Said Lyam (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)	_
SAID LYAM	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_