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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PRIME SMOKE &	VAPOR SHOP, INC.
DOCUMENT NUMBER: P14000047177	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
CANDY BROWNLOW	
	Name of Contact Person
JOHN P. MAAS, ATTORNE	Y AT LAW
	Firm/ Company
44 NE 16 STREET	
	Address
HOMESTEAD, FL 33030	
	City/ State and Zip Code
alamsadib@gmail.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	
CANDY BROWNLOW	at ( 305 ) 247-7132 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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, FI. 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

	PRIME SMOKE &	VAPOR SHOP, INC.
(Name o		ly filed with the Florida Dept. of State)
	P140000	947177 
	(Document Number o	of 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(s
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	nation "Corp." "Inc," or	m," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A TS TO T
D. If amending the registered agent an		
new registered agent and/or the new		
Name of New Registered Agent	N/A	
	(Florida st	reet address)
New Registered Office Address:	N/A	, Florida
		(Cuy) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the position.
		, , , , , , , , , , , , , , , , , , , ,
	Signature of New 1	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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	ÝSD	ALAMGIR KABIR	2867 NE 4 STREET
Add			HOMESTEAD, FL 33033
Remove			
2) X Change	VD	MD M RAHMAN	3395 NE 9 STREET
Add			APT # 103
Remove			HOMESTEAD, FL 33033
3)Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change	·		
Add			Sur-main in qualitative of sure and the sure of the su
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	
Article IV is amended to show the number of shares the corporation is authorized to issue is 100.	
Ownership is as follows: Alamgir Kabir - 50 shares and MD M. RAHMAN - 50 shares.	
	·-··
	•
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)	
N/A	
	· · · · · · · · · · · · · · · · · · ·
	***************************************

The date of each amendment(s) adoption:, if other than
· date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 30 days after amenament file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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 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
by
(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.
November 24. 2015 Dated
Signature  (B) a director president or other officer – if directors or officers have not been
selected, by an incorporator -1f in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
ALAMGIR KABIR
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)