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2018 AUG 23 PM 12: 03 SECRETARY OF STATE TALLAHASSEF EATE

R. WHITE

## COVER LETTER

Division of Corporations NAME OF CORPORATION: Hallandale Smoke Shop, Co. DOCUMENT NUMBER: \_ P140000 89928 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thamer Almasr,
Name of Contact Person Hallandale Smoke Strop, Co
Firm/ Company
1011 West Hallandale Beach Blud Unit 105
Address Hallandale FL 33009
Cirl State and Zip Code Thance almase 171 Q Jahoo Contember 18 (to be used for future annual report notification) For further information concerning this matter, please call: Thaner Almari at (916) 968-3265

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: ☐\$52.50 Filing Fee ☐\$43,75 Filing Fee & ■\$43,75 Filling Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

## Mailing Address

TO: Amendment Section

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 32304

## FILED

Articles of Amendment to Articles of Incorporation

2018 AUG 23 PM 12: 03

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) 9140000 89128

Occument Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Hallandale Smolle Shep, Co. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: Thanker Almasi (Mailing address MAY BE A POST OFFICE BOX) 116 S.E 4th St. Apt 4 Hallandale Beach, FL 33009 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations 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: <u>X</u> Change	<u>PT</u> <u>John D</u>	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally S</u>	mith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P.D</u>	2 Zindani, Yunus	845 Twin Lake Dr. Lauderdale, FL33351
Add		·	Lauderdale, 1633351
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
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f an amendment provides for an exc	hanas endavitiestia	n ac cancellation o	fissued shares.	
provisions for implementing the ame	ndment if not contai	ned in the amendm	ent itself:	
(if not applicable, indicate NIA)				
		<u> </u>		
				<u> </u>

The date of each amendment(s) adoption:	8/16/10	, if other than th
date this document was signed.		
-	8/16/19	
Effective date if applicable:	o more than 90 days after amendment file a	late)
Note: If the date inserted in this block does not me document's effective date on the Department of State	ect the applicable statutory filing requirence's records.	nents, this date will not be listed as th
Adoption of Amendment(s) (CHECK	<u>CONE</u> )	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes east for the oval.	amendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grow	reholders through voting groups. The folloup entitled to vote separately on the amena	owing statement Iment(s):
"The number of votes east for the amendme	mt(s) was/were sufficient for approval	
by(voting g		
(voting g	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action a	nd shareholder
The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and sl	hareholder
Datedi	<del>///</del>	
Signature hun and		
(By a director, president	t or other officer if directors or officers h	ave not been
	rator – if in the hands of a receiver, trustee.	, or other court
appointed fiduciary by t	that fiduciary)	
the	iner Hlnosti	
	ned or printed name of person signing)	
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<del> </del>	(Title of person signing)	
	critic of berson signing)	