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j.

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Casablanca Hookan 7-Spirits +0 50 CORP DOCUMENT NUMBER: P15000059919
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawana Alburkat Name of Contact Person and and Casablance Hookah & Spirits to go Corp Firm/Company 322 Seabretze Blud Address Daytona Beach F/ 32118 City/State and Zip Code tillwanda @ bell south. net E-mail address: (to be used for future annual report notification)
E main accress. (so be used for rained amount open normalism)
For further information concerning this matter, please call:
Shawana Alburkat at 904, 826-726/ 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy

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

is enclosed)

Articles of Amendment

Articles of Incorporation ounter (Name of Corporation as currently filed with the Florida Dept. of State) (Document 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: Casablanca Hookah & Spirits to So Corp 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." Seabreeze Block B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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: X Change	<u>PT</u>	John Do	<u>oc</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sp	<u>nith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change	***					
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add		_				
Remove						
Kemove						
6) Change		_				
Add						
Remove						

amending or adding additional Artical additional Artical additional sheets, if necessary).	(Be specific)	-
-	- •	1/A
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f an amendment provides for an excha	nge, reclassification,	or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	<u>Iment if not containe</u>	ed in the amendment itself:
(ij not applicable, maicule N/A)	_	•
	[1]	<u> </u>
		
	··· ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	il 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 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.	
Dated 8-24-2015	
Signature Shawa al-Bukat	
(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)	
Shawana Al Burkat	
(Typed or printed name of person signing)	
+= President	···
(Title of person signing)	