P1000007990

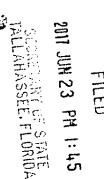
(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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C. GOLDEN

JUL - 3 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: POP COIN How Keh City Coip DOCUMENT NUMBER: P16 00000 7990 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Petra hookah and Cigar Firm/ Company					
Address Miami fl 33173 City/ State and Zip Code Mousd-Jafari-1993@holmai/ocom E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	e call:				
Mousa Jafari Name of Contact Person	at (786) 942-8901 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Enclosed is a check for the following autourt made p	rayable to the Florida Department of State.				
■ \$35 Filing Fee	□\$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, 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

FILED

2017 JUN 23 PM 1: 45

POR	POORN HOOKAH (CITY CORP		CTATI
(Name of Corpora	ation as currently fi	led with the Florida	Dept. of State)	SEE FLORI
	P16000007990	•	(ALLAIIM)	
(Doc	ument Number of Co	orporation (if known)		
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	ida Statutes, this Flo	rida Profit Corporati	on adopts the following	g amendment(s
. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co"	". A professional co	corporated" or the a rporation name must	bbreviation contain the
. Enter new principal office address, if applica				
Principal office address <u>MUST BE A STREET A</u>	DDRESS)			
	-			
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>) _	. <u>-</u>		
	_			
	-			
. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter the	e name of the	
	ed office address.			
Name of New Registered Agent				_
		··-		_
	(Florida street e	address)		
New Registered Office Address:			, Florida	
	(Ci	ty)	(Zip	Code)
ew Registered Agent's Signature, if changing R	togistered Agent:			
hereby accept the appointment as registered agen		and accept the oblig	ations of the position.	
				_
¢.	ianatura of Man Pagi	stared Agent if chance	nino.	

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:	ove, una sany simin, sv	45 an maa.			
X-Change	PT John Doe				
X Remove	V Mike Jones				
X Add	SV Sally Smith				
Type of Action (Check One)	<u>Title</u> Na	ime		<u>Addres</u> s	
1) X Change	<u>President</u>	MOUSA	TAFARI	9620 sw72st miani fl 3317	13
Add					
Remove					
2) X Change	<u>vP</u>	alett	KataTaTB	h	
Add	Aice gant			9620 sw 72 st miami	
Remove	<i>(10)</i>			fl 33173	
3)Change		. <u></u>			
Add					
Remove					
4) Change					
Add					
Remove					
Kemove					
5) Change					
Add				<u> </u>	
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
	
_	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
esident, Mousa	, Jafari, will recleve
500 (Five hudra	d) 8hores
•	
ce President, S	ALEH KHATATABH
ill receive 5	500 (Five hundred) shares.

The date of each amendment(s) ad date this document was signed.	option:			, if other than th
•	90 N+1	June	2017	
	(no me	ore than 90 days aj	fter amendment file date	?)
Note: If the date inserted in this b document's effective date on the De			utory filing requiremen	nts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK O	NE)		
The amendment(s) was/were ado by the shareholders was/were sur			of votes cast for the an	nendment(s)
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s	s) was/were sufficio	ent for approval	
by	(voting groi	<u> </u>	**	
	(voting groi	ıp)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of	directors without	shareholder action and	shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorpor	rators without share	eholder action and share	:holder
Dated 6	19/20	17		
Signature	OUSA.			
			irectors or officers have of a receiver, trustee, or	
	ed fiduciary by that		of a receiver, trustee, or	other court
	Mouse	Jafa	in	
	,	or printed name of	person signing)	
	Presi	dent		

(Title of person signing)