## P160000016148

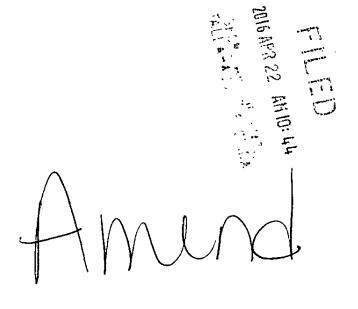
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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: The C	olden shis	ha, Inc
DOCUMENT NUMBER: P16000016148			
	Amendment and fee are sub		
Please return all correspo	ondence concerning this mat	ter to the following:	
<u></u>	ועת	FAZ KHALAF Name of Contact Person	
		1.4	
	THE (	GOLDEN SHISH	A. INC.
	THE GOLDEN SHISHA, INC.  Firm/ Company		
19.00	501	FALCONBURG	RD: UNIT c-02
		Address	
	TAME	FL 33619 Ciry/ State and Zip Code	<u></u>
		City/ State and Zip Code	3
	MITTAZ Khalafi	Q vahoo. com	
MUTAZKhaLaf Qyahoo. com E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, pleas	se call:	
MUTAZ	KHALAF	at ( 708	743-4434 de & Daytime Telephone Number
Name of	Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	riment of State:
\$35 Filing Fee	☐\$43.75 Filing Fcc & 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)
	ng Address		Address
	dment Section on of Corporations	·	Iment Section on of Carporations
P.O. Box 6327		- •	Building
Tallah	assoc, FL 32314		xecutive Center Circlo assee, FL 32301



Name of Corporation as	currently filed with the Florida Dent. of State)
P1600001615	96 · · · · · · · · · · · · · · · · · · ·
(Document N	lumber of Corporation (if known)
suant to the provisions of section 607.1006, Florida Statu Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corpora	<u>stion:</u>
the state of the s	The new
ne must he distinguishable and contain the word "co orp.," "Inc.," or Co.," or the designation "Corp." "In rd "chartered," "professional association," or the abbre	reporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
Enter new principal office address, if applicable:	501 FALCONBURG RD.
incipal office address <u>MUST BB A STREET ADDRESS</u>	UNIT 6-02
	TAMPA FL 33619
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	501 FALCONBURG RD
	<u> UNIT C. 02</u>
	TAMPA, FL 33619
If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Nama of New Registered Agent	
······································	Florida street address)
New Registered Office Address:	, Florida
	(Citý) (Zíp Code)

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, IT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	her i	t. b.	
X Change	<u>ol 14</u>	hn Doc	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	Title	Name	Address.
1) Change		ALMASAN JABER	ORLAND PARK, IL 6046
_X Add			ORLAND PARK, 11 60467
Remove			
2) Change			
Add			
Remove			
3) Change	<del></del>		· · · · · · · · · · · · · · · · · · ·
Add			-
Кетюче			
4) Change			
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5) Change	<del></del>	***************************************	,
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6) Change			
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ttach additional sheets, if necessary).	HA CHACITICI		
	De specific)		
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			<del></del>
		***************************************	
f an amendment provides for an excha	nge, recinsulfication, or cane	ellation of issued shares.	
f an amendment provides for an excha- provisions for implementing the amend	nge, reclassification, or cand ment if not contained in the	cellation of issued shares, samendment itself;	
f an amendment provides for an excha- provisions for implementing the amend (if not applicable, indicate N/A)	nge, recinsulfication, or cand iment if not contained in the	cellation of issued shares.  Amendment itself:	
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f an amendment provides for an excha- provisions for implementing the amend (if not applicable, indicate N/A)	nge, recissuffication, or cand ment if not contained in the		

3/

The date of each amendment(s) as date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	atc will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment fficient for approval.	(8)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ten!
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 4-Z	1-16	
Signature (By a d	irector, president or other officer - if directors or officers buve not beer	1
	d, by an insorporator — if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	art ·
	MUTAZ KHALAF	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	