## P1000040990

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SECRETARY OF STATE

C. GOLDEN CUN 1 4 2010

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARLEYS HOUS	SE OF PORT RICHEY, II	NC.
DOCUMENT NUMI	BER: P16000040990		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JAMES H COLLIER		
		Name of Contact Persor	<u> </u>
	COLLIER'S ACCOUNTING	SERVICE, INC.	
		Firm/ Company	
	8812 SHENANDOAH LAN	E	
		Address	
	HUDSON, FL 34667-2721		
		City/ State and Zip Code	
JCO	LI58@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JAME H COLLIER		at ( <u>727</u>	868-6020
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made [	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations Box 6327 Box 6327	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2010 JUN 13 PM 4:38

MARLEYS HOUSE OF PORT RICHEY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State RETARY OF STATE TALLAHASSEE, FLORIDA P16000040990 (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: LIT SMOKE SHOP, INC. 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: (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) New Registered Office Address: , Florida 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>c</u>	
X Remove	<u>y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
i) Change	-	_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				<del></del>
				-
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	_		
		<u>.</u>		
<del></del>				
, <u> </u>				
	·		<del></del>	
		<u></u>		
		<u>-</u>		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, o	r cancellation of issue	ed shares,	
(if not applicable, indicate N/A)	and the transfer of the transf	THE BUILDING IS	<u>(C11)</u>	
	<u> </u>			
		<u>-</u> .		
			<del></del>	

	06/11-2018	
The date of each amendment(s) date this document was signed.	) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/11/2	018	
Signature	a director, prosident of other of heer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court	_
арро	ointed fiduciary by that fiduciary)	
	RYAN E SHIFFLET	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	