# ¥16000058778

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>;</del> #)
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C. CAPROT. . 45

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HOJEIJ TOBACC	O INC			
DOCUMENT NUMB					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		ALI HOJEIJ			
_	Name of Contact Person				
	HOJEIJ TOBACCO INC				
_	Firm/ Company				
	11865 SW 26 ST UNIT G-09				
-	Address				
	MIAMI FL 33175				
-	-	City/ State and Zip Code	e		
	A	LIHOJEIJ92@yahoo.com			
		sed for future annual report	notification)		
For further information ALI HOJEIJ	concerning this matter, pleas		558-6177		
Name o	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made				
■ \$35 Filing Fee	□\$43.75 Filing Fee & 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		
	idment Section ion of Corporations	Amendment Section Division of Corporations			
	Box 6327		Building		
Tallahassee, FL 32314		2661 Executive Center Circle			
,		Tallaha	assee, FL 32301		

### **Articles of Amendment** to Articles of Incorporation

#### HOJEIJ TOBACCO INC

#### (Name of Corporation as currently filed with the Florida Dept. of State)

P16000058	3778		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ing ameno	dment(
A. If amending name, enter the new name of the corporation:			
		The 1	new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus		
B. Enter new principal office address, if applicable:			_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			_
		)44 ·	<u>نځ</u> :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14765 SW 123 AVE MIAMI FL 33186	2 45五 30 (4)	438 <b>3</b> 1
		(1)	rs ယ
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			<u>-</u> -1
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		(1) (m)	<b>6</b> U
Name of New Registered Agent			
		_	
(Florida :	street address)		
New Registered Office Address:	, Florida		_
	(City) (Zi	p Code)	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position	t.	
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>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
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).	(Be specific)
· · · · ·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<del>- · · · · · · · · · · · · · · · · · · ·</del>

08/23/2016	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/23/2016	
Effective date if applicable: (no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	e applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE	D)
■ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	
"The number of votes cast for the amendment(s) v	vas/were sufficient for approval
by	v
by	<del></del> '
☐ The amendment(s) was/were adopted by the board of di action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
08/23/2016 Dated	
Signature	
	if in the hands of a receiver, trustee, or other court succiary)
	ALI HOJEIJ
(Typed or p	printed name of person signing)
	PRESIDENT
	(Title of person signing)