P16000058778

Office Use Only



900315033469

09/07/18--01015--013 **35.00

ZHI SEP -7 P K





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: HOJEIJ TOBACC	O INC				
DOCUMENT NUM	DICOGGGGGGG					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	LEONARDO R ROJAS					
		Name of Contact Person	n			
	L & B PROFESSIONAL AS	SOCIAQTES INC				
		Firm/ Company	••			
	4913 SW 154 CT					
		Address				
	MIAMI, FL 33185					
		City/ State and Zip Cod	e			
LRC	DJASOVIEDO@HOTMAIL.C	OM				
	•	sed for future annual report	notification)			
		,				
For further informati	on concerning this matter, pleas	se call:				
LEONARDO R RO.	JAS	786at (487-6703			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
<u>M:</u>	ailing Address	Street	Address			
	nendment Section		Iment Section			
	vision of Corporations O. Box 6327	Division of Corporations Clifton Building				
	llahassee, FL 32314		ixecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1	١.,	ŀ	Γ	ì	H	F	П	11	r	ſ)	Н	١,	١	(O	()	}	IN	!(•

peration: "corporation," "company," or	
Statutes, this Florida Profit Corporation: "corporation," "company," or "Inc," or "Co". A professional bireviation, "P.A."	The new
poration: "corporation," "company," or "Inc," or "Co". A professione chbreviation "P.A."	The _ new '_'incorporated'' or the abbreviation
"corporation," "company," or ""Inc," or "Co". A profession hbreviation "P.A."	"incorporated" or the abbreviation
" "Inc," or "Co". A professione abbreviation "P.A."	"incorporated" or the abbreviation
9	
ed office address in Florida, ente ffice address: KAMAL	er the name of the
4th TERR APT, 304	
(Florida street address)	
	Florida
(City)	(Zip Code)
stered Agent: am familiar with and accept the e ture of New Registered Agent, if c	211 SE
	d office address in Florida, entoffice address: (AMAL) 4th TERR APT. 304 (Florida street address) (City) Stered Agent: am familiar with and accept the o

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

X Change	<u>PT</u> <u>John</u>	: Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV Sally</u>	<u> Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	HOJEIJ, ALI	8931 SW 142 AVE APT 321
Add			MIAMI, FL 33186, US
X Remove			
2) Change	P	HJEJ, ALI KAMAL	10050 NW 44th TERR aPT 304
X Add			DORAL, FL 33178, US
Remove			
3 1 Change			
Add			
Remove			-
4) Change			
Add			
Remove			
51 Change			-
Add			
Remove			
6) Change			-
Add			
Remove			

f amending or addin Attach <i>additional she</i> e	ets, if necessary).	(Be specific)	<u> </u>		
			•		
-				·ĸ-	
			·		
<u> </u>					
					· 1
					<u>. — .</u>
				·	
				•	
·					
<u>f an amendment pro</u>	vides for an exch	ange, reclassifica	tion, or cancellat	<u>ion of issued shar</u>	es,
provisions for imple	menting the ame	ndment if not con	tained in the amo	endment itself:	
(if not applicable	e, indicate N/A)			_	
				<u> </u>	
		 -		·	
					· · · · · · · · · · · · · · · · · · ·
				-1,	

	09/01/2018	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat repartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	topted by the shareholders. The number of votes cast for the amendment(s ufficient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
09/05/201	8	
Dated		
	12	
Signature	director, president of other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	ALI KAMAL HJEIJ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	