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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: MIAMI VAPE SM	10KE SHOP C	ORP		
DOCUMENT NUMBI	P17000039401				
The enclosed Articles of	f Amendment and fee are su	bmitted for fili	ng.		
Please return all corresp	ondence concerning this ma	tter to the follo	wing:		
		MARTHA D	GONZALEZ		
_		Name of Co	ontact Person		
	MIA	MI VAPE SM	OKE SHOP	CORP	
_		Firm/ C	 Company		
	6346 SW 8 STREET				
_	Address				
	MIAMI FLORIDA 33144				
_		City/ State :	and Zip Code	2	
	FA	MCORP111@	GMAIL CO	M	
	E-mail address: (to be us	_			
	concerning this matter, please A D GONZALEZ	se call:	786	354-1144	
Name of	u,		le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the	Florida Depa	rtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additiona enclosed)	Copy I copy is	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
	ion of Corporations		Amendment Section		
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallal		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

MIAMI VAPE SMOKE SHOP CORP

2018 SEP -7 PM 1: 33

(Name of Corporation as curren P17000039		Dept. of State) HETARY OF STAT. TALLAHASSEE, FI
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional ce	The new neorporated" or the abbreviation orporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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 registered agent and/or the new registered office address		e name of the
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	t: with and accept the oblig	gations of the position.
. Signature of New	Registered Agent, if chan	gino

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MONICA MABEL PEREZ LOPEZ	16919 N BAY RD BLDG 818-2
Add			SUNNY ISLES FLORIDA 33160
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	-	
			. .
·			
			
f an amendment provides for an excl	nange, reclassification, or	cancellation of issued sl	hares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the ameadment itself:	
			

	08/30/2018	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Consider description that	08/30/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The faeach voting group entitled to vote separately on the amount	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and	i shareholder
08/30/ Dated	2018	
Signature	Mylomit	
selecte	irector president or other officer – if directors or officer 1, by an incorporator – if in the hands of a receiver, trust led fiduciary by that fiduciary)	s have not been ee. or other court
	MARTHA D GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	