P17000039401

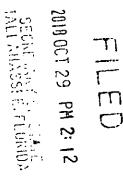
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Special Instructions to Filing Officer:						

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Amendicas

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: MIAMI VAPE SN	AOKE SHOP CORP			
DOCUMENT NUMB	ER: P17000039401				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
		MARTHA D GONZALE	7.		
-		Name of Contact Perso	on		
	MIAM	II VAPE SMOKE SHOP C	ORP		
		Firm/ Company			
	6346 SW 8 STREET				
-	<u> </u>	Address			
	MIAMI FLORIDA 33144				
-		City/ State and Zip Coo	ie .		
		GCSCORP@GMAIL.COM			
	E-mail address: (to be u	sed for future annual repor	t notification)		
For further information	concerning this matter, pleas	se call:			
MARTHA D GONZALEZ		786 at (3541144		
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
□ \$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)		
Mailing Address Amendment Section			Address dment Section		
	ion of Corporations	Division of Corporations			
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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MIAMI VAPE SMOKE SHOP CORP

(Name of Corporation as currently filed with	the Florida Dept. of State)
P17000039401	
(Document Number of Corporatio	n (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "compa "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A pro word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable:	iny," or "incorporated" or the abbreviation of essional corporation name must contain the
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9 PH 2: 12
If amending the registered agent and/or registered office address in Florinew registered agent and/or the new registered office address:	ida, enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and acc	cept the obligations of the position.

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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	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	Р	MARTHA D GONZALEZ	10013 NW 26 AVENUE				
Add			MIAMI FLORIDA 33147				
Remove							
2) Change	Р	HERNAN F ESCOBAR	1800 WATER RIDGE DR				
_ X _ Add			WESTON FLORIDA 33326				
Remove							
3) Change		<u> </u>					
Add							
Remove			- <u>-</u> -				
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add		-					
Remove							

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. . . .

09/17/2018

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The date of each amendment(s) adoption:	09/1//2018	due to	returned che	ck if other than the
date this document was signed.				
Effective date <u>if applicable</u> :				
	(no more the	an 90 days after i	amendment file date)	
Note: If the date inserted in this block document's effective date on the Department			y filing requirements, this	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient f		The number of v	otes east for the amendme	ent(s)
The amendment(s) was/were approved by must be separately provided for each voi				'ement
"The number of votes cast for the a	mendment(s) was	/were sufficient f	or approval	
by			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)			
The amendment(s) was/were adopted by action was not required.	the board of direc	ctors without shar	eholder action and sharely	older
The amendment(s) was/were adopted by	the incorporators	without sharehol	der action and shareholder	г
action was not required.				F
09/17 2018 Dated				dı
Signature	M			
selected, by an	oresident or other incorporator – if i iary by that fiduci	in the hands of a i	ors or officers have not be receiver, trustee, or other of	een court
	MARTHA D	GONZALEZ		
	(Typed or prin	ited name of pers	on signing)	
	PRE	SIDENT		

(Title of person signing)