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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: ARABICA HO	OKAH LOUNGE, RNC	
DOCUMENT NUMBER: P17000080041		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
SABRI CELEBI		
	Name of Contact Person	
ARABICA HOOKAH LO	DUNGE, INC	
	Firm/ Company	
7255 INTERNATIONAL	DRIVE	
	Address	
ORLANDO, FL 32819		
	City/ State and Zip Code	
dale.hanae2019@gmail.com		
- -	e used for future annual report notification)	
For further information concerning this matter, p	kvaso call:	
r of future information concerning this matter, p	icase can.	
SABRI CELEBI	at () 633-9019 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARABICA HOOKAH LOUNGE, IINC

(<u>Name</u>	of Corporation as currently	filed with the Florida De	pt. of State)		
P17000080041					
	(Document Number of C	Corporation (if known)	·		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation :	adopts the follow	ing amendmen	it(s) to
A. If amending name, enter the new n	ame of the corporation:				
ARABICA HOOKAH LOUNGE, INC				The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpor	porated" or the ration name mus	abbreviation	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)				20191	- ţ
			<u> </u>	P2 /2	
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addressy registered office addressy	ss in Florida, enter the na	me of the	# 5. Of	
Name of New Registered Agent	HANAE DAOUI				
the state of the s	806 WHITE RIVER DRIVE			_	
	(Florida stree	address)		_	
New Registered Office Address:	ORLANDO		Slarida 32828		
The state of the s	(0	ity)		Code)	
New Registered Office Address: New Registered Agent's Signature, if c	(C			,	

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Na</u>	<u>me</u>	Δ	<u>.ddres</u> s
1) Change	VP		MADE AINANE	11	850 REEDY CREEK DR
				30)1
X Remove				0	RLANDO, FL 32836
2) Change					
Add				_	
Remove				_	
3) Change				- - -	·
Add				_	 -
Remove				_	
4) Change					
Adđ				_	
Remove					
5) Change				_ 	
Add				_	
Remove					
Change					
Add				_	
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
	<u> </u>
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/9/19	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SABRI CELEBI	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)