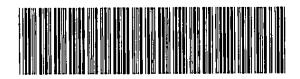
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Shisha Two Inc				
DOCUMENT NUME	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Oscar Martorell				
	Name of Contact Person				
	Shisha Two Inc				
•		Firm/ Company			
	255 SW 8 St				
•	Address				
	Miami, FL 33130				
•	City/ State and Zip Code				
oscari	@premiersmokenvape.com				
	- ·	sed for future annual repo	rt notification)		
	,	•	·		
For further information	concerning this matter, pleas	se call:			
Lisa Goble		954 at (446-3175 Code & Daytime Telephone Number		
Name o	of Contact Person	Area C	Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida De	partment 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)		
Mailing Address			t Address		
	ndment Section sion of Corporations	Amendment Section Division of Corporations			
	Box 6327		on Building		
	hassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Shisha Two Inc				
(<u>Name</u>	of Corporation as currently	filed with the Florida De	ot, of State)	
P18000079906				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation :	adopts the following:	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				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 corpo-	porated" or the abb	previation
B. Enter new principal office address,				 -
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				<u></u>
C. Enter new mailing address, if appl		255 SW 8th St		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		<u> </u>	
		Miami, FL 33130		
			AIIA VOV	<u> </u>
D. If amending the registered agent ar			- 355	
D. If amending the registered agent ar new registered agent and/or the ne			ime of the c	\Box
new registered agent and/or the ne	Oscar Martorell		<u> </u>	0
Name of New Registered Agent	Oscar Martoren			
	255 SW 8th St		→ –	
	(Florida stre	et address)		
New Registered Office Address:	Miami		. Florida 33130	
	7	City)	(Zip Co	ide)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation	us of the position	
тисту иссертие аружнитен из теды		un una accept inc mnigatio	as ty the position.	
,				
	Signature of New Re	gistered 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	Oscar Martorell	255 SW 8 St
X Add			Miami, FL 33130
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				_
<u> </u>	·		_	
		_		
			•	
<u> </u>				
				
<u> </u>		•		
				
				
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification	or cancellation of	issued shares.	
(if not applicable, indicate N/A)	ndinent ii not comain	ed in the amending	III IISCII,	
		·		
				·
				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	roved by the shareholders through voting groups. The following statemental voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	<u></u> ,	
•	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
11/2/18		
Dated	7.	
Signaturei		
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Ahmad Rakine	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	-

. . . .