P18 000087319

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORROR		SMOKE SHOP CORP	•		
NAME OF CORPOR	P18000087319				
DOCUMENT NUMB	ER:		 		
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this man	ter to the following:			
	HERNAN ESCOBAR				
-	305 MIAMI VAPE SMOKE	Name of Contact Persor SHOP CORP	1		
-	Firm/ Company 6346 SW 8th Street				
-	West Miami, Fl 33144				
•		City/ State and Zip Code	?		
	miamivapesmokeshop@gmai	Leom			
•	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Hernan Escobar 786 656-9386					
Name of Contact Person		at (at Co)de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Intent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

305 MIAMI VAPE SMOKE SHOP CORP

(Name of Corporation as curren	tly filed with the Flori	da Dept. of State)	•	
P18000087319				
(Document Number	of Corporation (if know	vn)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corpor	ration adopts the following	g amen	dment(s) t
A. If amending name, enter the new name of the corporation: N/A			The	nav
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corpor		m "Cor	·р., "
D P	NIA		~3	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			2	
Trucput office undress into it DE A STREET AND NESS				-
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		<u> </u>	<u> မ</u>	restru
C. Enter new mailing address, if applicable:	N/A	() ():	-1 1	্ৰেশ
(Mailing address MAY BE A POST OFFICE BOX)	N(2)	194 <u> </u>	P	್ರಚಿಸ್ತ ಭಾ ಷವ ಾಗಿ
(maining address) <u>MATT DE ATT ONT OF THE BOSTO</u>		*1+ *	-ài	
			2	
				
D. If amending the registered agent and/or registered office ad	dress in Florida, enter	the name of the		
new registered agent and/or the new registered office addre				
Name of New Registered Agent			-	
-				
(Florida :	street address)		_	
New Registered Office Address:		, Florida		
<u></u>	(City)	(Zip C	lode)	
New Registered Agent's Signature, if changing Registered Ager	nt:			
I hereby accept the appointment as registered agent. I am familiai		ligations of the position.		
	-			
Nionature at New	Registered Agent, if ch	angino	_	
Signative ty their	and in a sample and it out			

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Chairmon 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 Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One) 1) Change	<u>Title</u> VP	Name MATEO ESCOBAR	Address 255 SW 11th Street unit 911
Add X Remove			Miami, FL 33130
2) Change Add			
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)
n amendment provides for an excl ovisions 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)	A THE RESERVE TO THE AMERICAN T
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The date of each amendment(s) adop	tion:	, if other than th
date this document was signed. 02/01/20	021	
Effective date <u>if applicable</u> :		
	(no more than 90 de	ays after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable tment of State's records.	e statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or boar	rd of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic		imber of votes cast for the amendment(s)
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders throug h voting group entitled to vote	h voting groups. The following statement eseparately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were s	ufficient for approval
by	(voting group)	
	(voting group)	
Dated		_
Signature		- if directors or officers have not been
(By a direct	or, president or other officer -	- if directors or officers have not been
	y an incorporator – it in the na fiduciary by that fiduciary)	ands of a receiver, trustee, or other court
	man Escobar	
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	Typed or printed har	ne of person signing)
Pre	siden	
	THUM UI	$\mathcal{Q}\mathcal{M}_{\mathcal{A}}$
	(Title of person signin	R)
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