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TO: Amendment Section

Division of Corporations

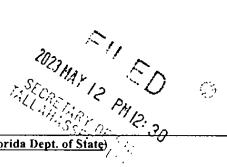
Tallahassee, FL 32314

NAME OF CORPORATION: TOBACCO Land 4 Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company bahakasem Ogmail
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (901) 647433.3 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



TOBACCO LAND 4 INC

			<u> </u>
(Name of Corpora	ation as currently filed	with the Florida De	ept. of State)
218000093544			<i>/</i> '
(Doc	ument Number of Corp	oration (if known)	
tursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	ida Statutes, this <i>Florid</i>	a Profit Corporation	adopts the following amendme
. If amending name, enter the new name of the	corporation:		
			The new
ame must be distinguishable and contain the word ' Inc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abb	c." or "Co". A profe	sy," or "incorporated ssional corporation	d" or the abbreviation "Corp.," name must contain the word
. Enter new principal office address, if applicat	nle:		
Principal office address <u>MUST BE A STREET AI</u>			
			
		•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ROX)		
(Manning address MATT BE AT OST OTTICE B			
			· · · · · · · ·
. If amending the registered agent and/or regist		Florida, enter the n	ame of the
new registered agent and/or the new registere	d office address:		
Name of New Registered Agent			
	(Florida street addi	ress)	
New Registered Office Address:			. Florida
the registered office radio cas.	(City)		, Plottua(Zip Code)
ew Registered Agent's Signature, if changing Ro	egistered Agent:		
nereby accept the appointment as registered agent.	l am familiar with and	d accept the obligation	ons of the position.
		14	
Sig	nature of New Register	ea Agent, if changing	

Check if applicable

[☐] 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 = 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	1	<u>Name</u>	Address		
1) Change	VP	1	HAMDI BARAKAT	2000 MERCHANT ROW BLVD		
X Add	_			APT 1006		
Remove				TALLAHASSEE, FL 32311		
2) Change		<u>-</u> -				
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		- <u>-</u>		******		
Add						
Remove						

<u></u>
-
nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
ment if not contained in the ankindment tisem.
<u> </u>

	05/08/2023		
The date of each amendment(s) adoption date this document was signed.	otion:		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days	s after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable settment of State's records.	statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board	of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		ber of votes cast for the amendment(s)	
☐ The amendment(s) was/were approx must be separately provided for each		voting groups. The following statement eparately on the amendment(s):	,
"The number of votes cast for	the amendment(s) was/were suff	ficient for approval	
by			
	(voting group)		
05-11-2023 Dated		·	
Signature(By a direct	tor, president or other officer - if	directors or officers have not been	
	y an incorporator - if in the hand fiduciary by that fiduciary)	s of a receiver, trustee, or other court	
BA	AHA KASEM		
_	(Typed or printed name of	of person signing)	·
PR	ESIDENT		

(Title of person signing)