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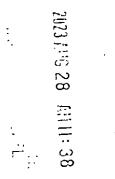
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of 9/17/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TOBACCO LANI	O 4 INC		
DOCUMENT NUMBI	€R:			
The enclosed Articles of	f Amendment and fee are st	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
Į-	IAMDI BARAKAT			
_		Name of Contact Perso	n	
Т	OBACCO LAND 4 INC			
_		Firm/ Company		
1	015 N MONROE ST			
_		Address		
T	ALLAHASSEE, FL 32303			
_	14.	City/ State and Zip Cod	c	
For further information of	concerning this matter, plea	se call:at (850	815-6264	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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 Division of Corporations P.O. Box 6327			Address	
		Amendment Section		
		Division of Corporations The Centre of Tallahassee		
	assee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

TOBACCO LAND 4 INC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2023 AUG 28 AUTH: 38.

(<u>Name</u>	of Corporation as currently	filed with the Florida Dep	ot. of State)	
P18000093544				
·	(Document Number of	Corporation (if known)		·
Pursuant to the provisions of section 607 as Articles of Incorporation:	7.1006, Florida Statutes, this F	lorida Profit Corporation a	adopts the follo	wing amendment(s
. If amending name, enter the new n	name of the corporation:			
				The new
ame must he distinguishable and contai. Inc.," or Co.," or the designation " chartered," "professional association,	Corp." "Inc," or "Co". A			
. Enter new principal office address,				
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)			
				
. Enter new mailing address, if appl				
(Mailing address MAY BE A POST	OFFICE BOX)	-		
. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the na	me of the	
Name of New Registered Agent	HAMDI BARAKAT			
Name of New Registered Agent	2000 MERCHANT ROW B	LVD APT 1006		
	(Florida stree	t address)		
New Registered Office Address:	TALLAHASSEE		. Florida 3231	ì
ren Registerea office Attarias.	10	lity)	_•	Lip Code)
ew Registered Agent's Signature, if c nereby accept the appointment as regist		h and accent the obligation	er of the positiv	. н
to ony accept the appointment as regist	acrea agent. Tam jamittar wi	п ини иссерь те ттушт	ы ој те розии	т.
Ham	li Bonne) —		
— — — — — — — — — — — — — — — — — — —	Signature of New Reg			

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)

Example:

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BAHA KASEM	3142 BARINGER HILL DR
Add			TALLAHASSEE, FL 32311
X Remove			2000 MERCHANT ROW BLVD /
2) X Change	P	HAMDI BARAKAT	TALLAHASSEE, FL 32311
Add			
Remove Change	**************************************		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		ets, if necessary).					
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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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder a	action and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
- Dated OV	22/23	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
аррог		
	HAMDI BARAKAT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	