## P19000056994

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: SMOKERS WOR	LD SOD INC	
DOCUMENT N	L0095000001d		· · · · · · · · · · · · · · · · · · ·
The enclosed Arti	cles of Amendment and fee are su	ibmitted for filing.	
Please return all c	orrespondence concerning this ma	itter to the following:	
	MOHAMMED A. HUSSAII	٧	
		Name of Contact Persor	1
	ATI ACCOUNTING TAX 8	EINS	
		Firm/ Company	
	3810 SOUTH OCEAN DRIV	VΕ	
	<del></del>	Address	
	HOLLYWOOD, FL 33019		
		City/ State and Zip Code	2
J	OSH_KADOSH@YAHOO.COM	1	
-		sed for future annual report	notification)
For further inform	nation concerning this matter, plea		255 0868
N:	ame of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fe	e S43.75 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 Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

<del></del>	·
(De	Occument Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the	he corporation:
	The new
ame must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association." or	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	cable:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)
(Fruiting dudiess SIAT III. A FOST OF FICE	
). If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	TAL 19
Name of New Registered Agent	Z# Z n
<del></del>	(Florida street address)
New Registered Office Address:	Florida Fig. 7
Hen Registered Systemates.	(City) Thip Code;
	0000 A
New Registered Agent's Signature, if changing	g Registered Agent: tent. I am familiar with and accept the obligations of the position.
nereby accept the appointment as registered ago	em. Tam jamular wun ana accept me oongalions of the postiton.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) X Change	<u>V</u>	YEHOSHUA KADOSH	742 NE 191 TER
Add			MIAMEFL 33179 US
Remove			
2) X Change	Р	ANYI MARQUEZ	742 NE 191 TER
Add			MIAMI FL 33179 US
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
() Changa			
6) Change			
Add			
Remove			

	if necessary). (Be st	necific)			
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an amendment provid provisions for impleme (if not applicable, in	enting the amendmen indicate N/A)	The contained in			

The date of each amendment(s)	adoption:	, 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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this do Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment( sufficient for approval.	s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07-30-3	019	
Dated		
Signature		
(By sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other couplinted fiduciary by that fiduciary)	
	YEHOSHUA KADOSH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>