P200000 14901

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: DUVA Smokin Inc. DOCUMENT NUMBER: P200000 14907
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Hosam Aboa Ha Duval Smo Cin Inc Firm/ Company 8383 103RD STREET Address JACKSONVILLE FL 33210 City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hosam Aboay Ha Name of Contact Person at (919), 5197272 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 (Additional copy is enclosed) □ \$643.75 Filing Fee & □ \$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of_	
Duval Smokin 1	-n C
P 2000014907	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Duval Smoke & Ink I name must be distinguishable and contain the word "corporation." "co "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	SECRETAL AND SEE OF SESS IN Florida, enter the name of the S
Name of New Registered Agent	
(Florida stree	rt address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
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)

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>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if neces	sal Articles, enter ch (Be specific)			
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an amendment provides for a provisions for implementing th	n exchange, rectass he amendment if no	incation, or cancel t contained in the a	<u>iation of issued shai</u> mendment itself:	res,	
(if not applicable, indicate)	V/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date it applicable: (no more than 90 days after amendment file de	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendo	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature Hasan a Coverytta	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee.	ve not been or other court
appointed fiduciary by that fiduciary)	
Hosam abvayta (Typed or printed name of person signing)	
President	
(Title of person signing)	