P21000004287

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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Smoke Shop 24/7,	Inc.	
DOCUMENT NUMBER: P21000004287		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Abdelfata Elmouhtadi	Name of Contact Person	1
Smoke Shop 24/7, Inc.		
	Firm/ Company	
8484 Palm Parkway		
	Address	
Orlando, FL 32836		
	City/ State and Zip Code	2
pariswatches]11@yahoo.cor E-mail address: (to be u For further information concerning this matter, plea	sed for future annual report	notification)
Abdelfata Elmouhtadi	at (407) 488-7964
Name of Contact Person		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 & Certified Copy (Additional copy is enclosed)	S52.50 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 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

to		
Articles of In	-	Para A 4
		EAL
Smoke Shop 24/7, Inc. (Name of Corporation as current	ly filed with the Florida Dent	70812103021
(Name of Corporation as current	the will the Horisa type.	23 PH 12: 59
P21000004287	20 2 721	Constitution of the
(Document Number of	of Corporation (if known)	THE STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s
A. If amending name, enter the new name of the corporation:		
N/A		The new
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 corporation na-	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office add		e of the
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent N/A		
(Florida st	reet address)	<u> </u>
Many Registered Office Address N/A		m.u.a.
New Registered Office Address: N/A	(City)	Florida (Zip Code)
	•	• ,
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations	of the position.
Signature of New F	Registered Agent, if changing	
o.ge iy ren 1	againered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	<u>V</u> P	Abdelfata Elmouhtadi	9915 Vista Holly Road # 110
X Add			Orlando FL 32836
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional A (Attach additional sheets, if necessary,). (Be specific)	etaj nere.		
/A			<u></u>	
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		···-		
If an amendment provides for an exprovisions for implementing the an				<u>s,</u>
(if not applicable, indicate N/A)			<u> </u>	
/A				
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The date of each amendment(s) adoption: 08/17/2021 date this document was signed.	, if other than the
·	
Effective date if applicable: 08/17/2021 (no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, 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 action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	"
(voting group)	
Dated <u>08/17/2021</u>	
Signature (By a director, prysiten) or other officer – if directors of selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	r officers have not been ver, trustee, or other court
YOUSSEF GAMRAOUI	
(Typed or printed name of person signature)	gning)
Vice President	
(Title of person signing)	