# P21000045507

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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### RECEIVED

## FLORIDA DEPARTMENT OF STATE Division of C-**Division of Corporations**

SECRETARY OF STATE TABLAHASSEE, FL

January 19, 2022

SANDRA BETANCOURT SKY NETPROFIT LLC 5206 US HWY 98 N LAKELAND, FL 33809 US

SUBJECT: FANTASY STAR HOOKAH LOUNGE INC

Ref. Number: P21000045507

We have received your document for FANTASY STAR HOOKAH LOUNGE INC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$13.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 222A00001383



November 30, 2021

ARNALDO MORA COSSIO FANTASY STAR HOOKAH LOUNGE INC 7519 N. HUBERT AVENUE TAMPA, FL 33614 US

SUBJECT: FANTASY STAR HOOKAH LOUNGE INC

Ref. Number: P21000045507

We have received your document for FANTASY STAR HOOKAH LOUNGE INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

Please put the new name in paragraph A on the articles of amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Letter Number: 821A00028735

Annette Ramsey OPS

www.sunbiz.org

#### **COVER LETTER**

RECEIVED

TO: Amendment Section Division of Corporations

2022 JAN 13 AM 8: 07

NAME OF CORPO	RATION: FANTASY STAR	R HOOKAH LOUNGE IN	SECRETARY TALLAHAS	JE STATE
	BER: P21000045507			יסננייון
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	SANDRA BETANCOURT			
		Name of Contact Perso	n	
	SKY NETPROFIT LLC			
		Firm/ Company		
	5206 US HWY 98 N			
Address				
LAKELAND FL 33809				
		City/ State and Zip Cod	ie	
	sales@skynetprofit.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
SKY NETPROFIT		863	258-0599	
Name	of Contact Person	Area Co	) 258-0599 ode & Daytime Telephone Number	_
Enclosed is a check t	for the following amount made			
■ \$35 Filing Fee	☐\$43.75 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)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The Co 2415	Address dment Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

#### Articles of Amendment to Articles of Incorporation of

FILED 2022 JAN 4 PM12 15

FANTASY STAR HOOKAH LOUNGE INC

( <u>Name</u>	of Corporation as curren	tly filed with the Florida	Dept. of State)
P21000045507			367, 77.45
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 as Articles of Incorporation:	.1006. Florida Statutes, thi	s Florida Profit Corporati	on adopts the following amendment(s
A. <u>If amending name, enter the new n</u> FANTASY STAR BANQUET HALL R			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporati	nted" or the abbreviation "Corp.,"
Finter new principal office address	if applicable:	7123 N ARMENIA A	AVE
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		TAMPA FL 33604	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7123 N ARMENIA AVE	
		TAMPA FL 33604	
). If amending the registered agent an new registered agent and/or the ne			e name of the
Name of New Registered Agent			<del></del> .
	7123 N ARMENIA AVE		
	TAMPA	treet address)	33604
New Registered Office Address:		(City)	, Florida (Zip Code)
		,,	(ε.μ. (ολεγ
ew Registered Agent's Signature, if chereby accept the appointment as regist			ations of the position.
. , , , , ,	(4	, ,,	
	Signature of New		 ting
Should the condition to be	e	Company of the Compan	
Theck if applicable I The amendment(s) is/are being filed p	ursuant 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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP.		MARIA E ESPINAL LORA	9925 SWEEPS TAKES LN
Add				APT 2
X Remove				ORLANDO FL 32837
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				<del></del>
6) Change		_		
Add				
Remove				

E: If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)	
KEEP: ANY AND ALL LAWFUL BUSINESS	
REMOVE: HOOKAH LOUNGE	
	·
F. If 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)  N/A	
	<del></del>

01/04/2022	
The date of each amendment(s) adoption:	in the
01/04/2022	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
· ·	
by SHAREHOLDERS ""	
(voting group)	
01/04/2022 Dated	
simon ((Inva)	
Signature (See a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ARNALDO MORA COSSIO	
(Typed or printed name of person signing)	
CEO	
-{Title of person signing)	