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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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**4**:

NAME OF CORPOR	RATION: AKH HOOKAH N	С			
DOCUMENT NUME	BER: P21000050091	2222			
	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	ALI KAMAL HJEIJ				
		Name of Contact Person	<u> </u>		
	AKH HOOKAH INC				
		Firm/ Company			
	1529 W FLAGLER STREET	r			
		Address			
	MIAMI, FL 33135				
		City/ State and Zip Code	:		
For further information	E-mail address: (to be us	ed for future annual report	notification)		
ALI KAMAL HJEIJ		at (	,		
Name o	of Contact Person	at (at Coc	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p				
□ \$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, F1, 32303		

## Articles of Amendment to Articles of Incorporation of

AKH HOOKAH NC			
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P21000050091			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
AKH HOOKAH INC	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 name must contain the word		
B. Enter new principal office address, if applicable:	1529 W FLAGLER STREET		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33135		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1529 W FLAGLER STREET		
	MIAMI, FL 33135		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida s	treet address)		
	, Florida		
New Registered Office Address:	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New	ti:  With and accept the obligations of the position.  Registered 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	,	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				<del> </del>
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amend</u> (Attach <i>ad</i>	ling or adding additional Atditional Atditional sheets, if necessary,	rticles, enter change(s)  . <i>(Be specific)</i>	here:		
N/A	. ,				
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. If an am	endment provides for an ex	change, reclassification	n, or cancellation of	issued shares,	
provisio	ons for implementing the ar	nendment if not contai	ned in the amendm	ent itself:	
(if n	not applicable, indicate N/A)				
A/k					
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The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
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Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date without of State's records.	all not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without shareholder action at	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	I by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	2021
DatedSignature(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	7021          - q PH    : 55
	iduciary by that fiduciary) KAMAL HIED	
PRI	(Typed or printed name of person signing)	
	(Title of person signing)	<del></del>