## P21000083553

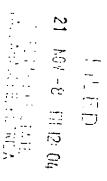
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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T. LEMIEUX NOV 24 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE SMOKE BOY	UTIQUE INC	
DOCUMENT NUM	D71000083553		
The enclosed Articles	of Amendment and fee are su	hmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	WALEED NOUBANI		
		Name of Contact Person	n
	THE SMOKE BOUTIQUE I	NC	
		Firm/ Company	
	5036 WATERVISTA DR		
		Address	
	ORLANDO, FL 32821		
		City/ State and Zip Cod	e
	waleedbydesign@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
WALEED NOUBAN	I	at (	799-9982
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

7771	L	U	CA	101	/ C	DOL	ITIOI	112	INC

ration as currently filed with the Flor	ida Dept. of State)	
cument Number of Corporation (if know	wn)	
rida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following	ng amendment(s)
e corporation:		
		The new
		ion "Corp.,"
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(DDRESS)		
		<del></del>
<u>BOX</u> )		
		· · ·
	the name of the	•
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	(c)	TT.
(Florida street address)	5 - E	
	- 単語 👨 Florida::	. <del>u</del>
(Cîŋ)		Code)
Registered Agent: n. I am familiar with and accept the ob	oligations of the position.	
inner of Non-Busteen Literature 10.1		_
ignature of New Kegistered Agent, if ch	anging	
	cument Number of Corporation (if knownida Statutes, this Florida Profit Corporation:  "corporation: "corporation: "corporation "Co". A professional corpostreviation "P.A."  able: (IDDRESS)  BOX)  Stered office address in Florida, entered office address:  (Florida street address)  (City)  Registered Agent:  It. I am familiar with and accept the observed of the observed accept the observed and accept the observed accept the	"corporation," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contabbreviation "P.A."    Solic:   (IDDRESS)

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)

Add

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

	. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,				
provisions for implementing the ame	endment if not contained in the amendment itself:				
(if not applicable, indicate N/A)					

The date of each amendment(s date this document was signed.	adoption:	, if other than the
٨	OVEMBER 4, 2021	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requ Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amount	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
NOVEM Dated Signature	BER 4, 2021	
selec	director, president or other officer – if directors or officer eted, by an incorporator – if in the hands of a receiver, trust inted fiduciary by that fiduciary)	
	WALEED NOUBANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	