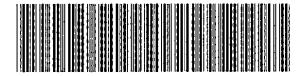
P21000093306

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Havana Smoke Sho	op Inc	
	BER: P21000093306		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Piease return all corre	espondence concerning this ma	tter to the following:	
	Brett Isaac		
		Name of Contact Person	1
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	2151 University Blvd S		
		Address	
	Jacksonville, FL 32216		
		City/ State and Zip Code	
		,	
	brett@isaactaxcpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Brett Isaac		at (7309264 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fce & 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		Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Havana Smoke Shop Inc	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000093306	
(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:	971
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:	7200 Normandy Blvd Ste 5
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32205
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7200 Normandy BLvd Ste 5
8	Jacksonville, FL 32205
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida 7 7
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New F	(City) (Zip (Zip (Zip (Zip (Zip (Zip (Zip (Zip
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>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, proxisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)		(Be specific)			
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(if not applicable, indicate N/A)		range, reclassification	or cancellation of	ssued shares.	
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The date of each amendment(s) addate this document was signed.	loption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmental flicient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	11/19/2021	_
selecte	irector, president or other officer – if officers or officers have not be d, by an incorporator – if in the handy of a receiver, frustee, or other ded fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Incorputator (Title of person signing)	
	(Title of person signing)	

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