P220000 45830

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
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(Do	cument Number)	
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Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ORATION: NUMBER 1 SMO	KE AND VAPE SHOP IN	!C		
DOCUMENT NUM	MBER: P22000045850			_	
	es of Amendment and fee are su				
Please return all cor	respondence concerning this ma	ntter to the following:			
		Name of Contact Perso	on .		
	AFFORDABLE MANAGES	MENT AND CONSULTIN	G INC		
		Firm/ Company			
	125 S WILKE RD STE 2002	\			
		Address			2022
	ARLINGTON HEIGHTS II.				<u></u>
		City/ State and Zip Coo	le		1922 JUL 25
yı	melamed@amacconsultation.co				
 	E-mail address:	(to be used for future annu	al report notification)		- PH သ
For further informat	ion concerning this matter, plea	se call:		(=	21
Vilena		at (204)) 6/9-659; ode & Daytime Telephone N	5	
Nam	e of Contact Person	Area Co	ode & Daytime Telephone N	tumber	
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:		
■ \$35 Filing Fee	□\$45.75 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 Ac		Street Address			
Amendmer	IL DECUUII	e nien	dment Section		

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, State 810

Articles of Amendment to Articles of Incorporation of

NUMBER 1 SMOKE AND VAP	E SHOP INC		<u> </u>	<u>\(\) \</u>	<u> </u>
(Name o	f Corporation as currently	filed with the Florida Dept. of State)	7	-D:	1 42
P22000045830				<u>ب. </u>	ن عمه)
	(Document Number of C		, ,	5	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the foll	lowing and	endmen	t(s) to
A. Hamending name, enter the new na	me of the corporation:				
N/A			The		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	orp, " "Inc." or "Co". A	ompany," or "incorporated" or the abbre professional corporation name must c	eviation "C contain—the	'orp'," : word	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	N/A			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE ROY	N/A			
(maning data est gisti passe estati	2.				
D. If amending the registered agent ar new registered agent and/or the new		ess in Florida, enter the name of the			
Name of New Registered Agent	KOLIADA,MAKSYM				
	3101 S OCEAN DR U		·		
New Registered Office Address:	HOLLYWOOD	, Florida 30	3019		
	(City	(Zip Cixle	,	
New Registered Agent's Signature, if c					
Thereby accept the appointment as regist			ttion.		
	; A	. /			

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)

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> <u>John</u>	<u> 1)0e</u>	
X Remove	<u>V</u> <u>Mik</u>	: Jones	
<u>X</u> Add	<u>SV</u> <u>Sath</u>	: Smith	
Type of Action (Check One)	<u> Fitte</u>	Name	<u>Addres</u> s
i) Change	Р	KOLIADA, DMYTRO	3101 S OCEAN DR UNIT 2005
Add			HOLLYWOOD, FL.33019
R Remove			
2) C Change	<u>P</u>	KOLIADA,MAKSYM	3101 S OCEAN DR UNIT 2005
Add			HOLLYWOOD, FL,33019
Remove 3.) Change			
Add			
Remove			
4) Change	<u></u>	-,	
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) — (Be specific)	
N/A	
. 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)	
V/A	

-

- —

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 07/04/2022 (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 dat document's effective date on the Department of State's records.	e 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 without shareholder action was not required.	n and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s by the shareholders was/were sufficient for approval.	6)
The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	กเ
"The number of votes east for the amendment(s) was/were sufficient for approval	
(voting group)	
Compage Strates	
Dated 07/01/2022	
Signature M. Holiada	
(By 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 cour appointed fiduciary by that fiduciary)	1
MAKSYM KOLIADA	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	

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