## P22000087190

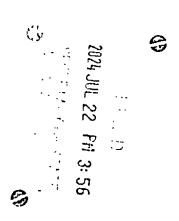
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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PUFFYS SMOKE SUPPLY INC DOCUMENT NUMBER: P 22000 87190
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diana Abrell Name of Contact Person
Direct Permits & More
16350 SW 112 AVE
Miam: Fl 33157
City/ State and Zip Code  City/ State and Zip Code  City/ State and Zip Code  Smail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diana Abreu at (786) 325-4407  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

of C		
Puffys Smoke Supp (Name of Corporation as currently 1) 22000087190	oly Inc	
(Name of Corporation as currently f	lled with the Florida Dept. of State)	
122000087190		
(Document Number of C	'orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles of Incorporation</i> :	orida Profit Corporation adopts the following amendment(s	s) to
A. If amending name, enter the new name of the corporation:	Na	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	The new npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- V/W	
		3
	024	
C. Enter new mailing address, if applicable:	) (A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the	
Name of New Registered Agent		
	Na	
(Florida street	address)	
New Registered Office Address:	, Florida	
(C	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with		
_	Ja	
	istered Agent, if changing	
Signature of New Reg	stered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

\_\_\_\_ Remove

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 11,350 5 W 112 ave
1) Change	V.P.	Jerson A. Abreu	Address 16350 SW 112ave Migmi, FL 33157
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			

tach <i>additional</i> .	ding additional A	<u>rticles, enter c</u> ). <i>(Be specifi</i>	hange(s) here:			
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<u>in amenament</u> rovisions for in	provides for an ex plementing the ar	cnange, recia: nendment if n	ot contained in t	he amendment	itself:	
(if not applic	able, indicate N/A)			<del></del> -		
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The date of each amendment(s) adoption:
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 as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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
Signature  (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 court appointed fiduciary by that fiduciary)
Jerson A Abreu  (Typed or printed name of person signing)  Vice President  (Title of person signing)