Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000241533 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

| mail | Address: | | | | |
|------|----------|------|--|--|--|
| | | | | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN ROSALEEN SMOKE SHOP CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

زنی

 Q_{ℓ}

Help

Articles of Amendment to Articles of Incorporation

ROSALEEN SMOKE SHOP CORP

| Florida Document Number: P23000014697 | |
|---|---------------------------------------|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpora following amendment(s) to its Articles of Incorporation: | ation adopts the |
| PLEASE REMOVE THIS PERSON FROM REGISTERED AGENT AND FROM PRE | |
| JISMEL CURBELO SANCHEZ | |
| PLEASE ADD THIS PERSON AS REGISTERED AGENT AND PRESIDENT | |
| HAYSSAM ATRACHE | |
| ADDRESS: 1847 NW 20 ST MIAMI FL 33142 | 202 |
| | |
| | 5 |
| | · · · · · · · · · · · · · · · · · · · |
| | iń |
| | |
| These articles of amendment were adopted on JULY 10.2023 | |
| The corporation has only one group of voting stock. This amendment was approved by the shareholders votes east for amendment was sufficient for approval. | and the number of |
| Hayssam Atrache | |
| Printed Name and Title New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familial with and accept the obligations of the position. | |

Frache Trache Ignature of New Resistered Agent, if changing