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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: HOOKAVA CORP		,			
DOCUMENT NUME	BER:	<u>-</u> _				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:				
	AHMAD THEEB					
	<u> </u>	Name of Contact Persor	<u> </u>			
	HOOKAVA CORP					
		Firm/ Company				
	508 SE MONET DRIVE					
		Address				
	PORT ST LUCIE, FL 34952					
		City/ State and Zip Code		. <u>-</u>		
	hookavapsl@gmail.com					
		ed for future annual report	positiontion			
	E-mail address: (to be us	cu for future annuar report	nouncación)		ڊ نو .	
For further information	n concerning this matter, pleas	se call:		三 ン(7)	j	•
DARWISH KAIYAL	, CPA	at (305	858 5800			
Name	of Contact Person	Area Co	de & Daytime Telephone	Number		· ·
Enclosed is a check for	or the following amount made p	payable to the Florida Dep	artment of State:		5: 54	_
■ \$35 Filing Fee	☐\$43.75 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)			
Am Div	iling Address endment Section ision of Corporations . Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HOOKAVA CORP	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P24000024606	
(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:	
	The new
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:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	·~1
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(nc) = ···
	Late to the transfer of the tr
	77 J
D. If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent	
(Florida s	treet address)
Mary Demistrand Office Address	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	III:
I hereby accept the appointment as registered agent. I am familian	with and accept the omigations of the position.
	_
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/arc 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>Joh</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	AMBR	Harrison Bentley	4053 NW CINNAMON TREE CIR
X Add			JENSEN BEACH, FL 34957
Remove 2) Change	AMBR	BETLEY ROBERT	4053 NW CINNAMON TREE CIR
Add			JENSEN BEACH, FL 34957
X Remove Change			
Add			
Remove 4) Change			
Add			——————————————————————————————————————
5) Change			
Add Remove			
6) Change			
Add			
Remove			

					
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The date of each amendment(s) ad	option:	, if other than the
ate this document was signed.		
ffective date if applicable:	(no more than 90 days after amendm	out file date)
	(no more than 90 days after amenam	em jue uaie)
ote: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors wi	thout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ca Ticient for approval.	st for the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. each voting group entitled to vote separately on th	The following statement he amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for appr	roval
by	(voting group)	<u> </u>
	(voting group)	· <i>s</i> :
Dated 4/11	124	
Signature <i>Clin</i> c	rector, president or other officer = in directors or o	m SSS
selected	l, by an incorporator - if in the hands of a received	r. trustee, or other court on
арроін	ed fiduciary by that fiduciary) AHMAD THEEB	515 FL
		· · · · · · · · · · · · · · · · · · ·
	(Typed or printed name of person sign	ung)
	SHAREHOLDER	
	(Title of person signing)	

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