P98000076874

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SECRETARY OF STATE

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M

NAME OF CORPORATION: REEL S	MOKERS CIGAR DISTRIBUTORS INC.
DOCUMENT NUMBER: P980000	076874
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
	Name of Contact Person Mokers Cyar Distributors, TNC Firm/ Company eral Highway Address Beach, FL 33441 City/ State and Zip Code 430 @ Yahao. Com ed for future annual report notification)
For further information concerning this matter, please Tean Sound Person Name of Contact Person	at (954) 429-1335 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	·
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

REEL SMOKERS C	LIGAR DISTRIBU	JORS :	FNC
200	filed with the Florida Dept. of State)	•	
P9800076874	Corporation (if known)		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the fol-	lowing amendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbre professional corporation name must c	eviation "Corp.,"	••
B. Enter new principal office address, if applicable:	K)/A		
(Principal office address MUST BE A STREET ADDRESS)	-18/12		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	_N/A		
	,	202 SE	
		CRE AP	
		- 7	1
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	-6 AM WARY OF WHASSES	
new registered agent and/or the new registered office address:		SE AM	11
Name of New Registered Agent NA		<u>ال</u> ال	
*		53 F-T-	
(Florida stree	et address)	 п	
New Registered Office Address:	, Florida		
	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the posi	tion	
The second of th	assignment and an agent of the poor		
N/A			
Signature of New Rev	vistered Agent if changing		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

T Carmolo Sanchez Solo Occurre of	
100% of Shares of Stock Fransfer	50%
Carmelo Sanchez Sole owner of 100% of Shares of Stock Fransfer of my Shares of Stock to my Spocise, Joan P Sanchez.	
	S. S.
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ORETARY : TALLAHAS!
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Y OF ST ASSEE, I
	H. A.

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)	Title	<u>Name</u>	Address
1) Change	VS	Joan P. Sanchez	1706 South Post 5th Court
Add Remove			Deerfield Beach, FL 33441
2) Change			
Add			
Remove Change			
Add			
Remove			·
4) Change			2023 SEC TA
Add			
Remove			AFAX 8-6
5) Change			
Add			
Remove			ATE
6) Change			
Add			
Remove			

The date of each amendment(s) ado date this document was signed.	ption: April 3, 2023	, if other than the
Effective date <u>if applicable</u> :	April 3, 2023 (No more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(scient for approval.	s)
The amendment(s) was/were appro must be separately provided for ea	ved by the shareholders through voting groups. The following stateme ch voting group entitled to vote separately on the amendment(s):	≥nt
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
selected, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other counfiduciary by that fiduciary)	
	(Typed or printed name of person signing) P (Title of person signing)	2023 APR -6 AM 7: 53 SECRETARY OF STATE TALLAH SSEE, FL