## P99000060960

| (Requestor's Name)                        |      |
|-------------------------------------------|------|
| (Address)                                 |      |
| (Address)                                 |      |
| (City/State/Zip/Phone #)                  |      |
|                                           | 11/1 |
| (Business Entity Name)  (Document Number) |      |
| Certified Copies Certificates of Status   |      |
| Special Instructions to Filing Officer:   |      |
| 12/1/20                                   |      |

Office Use Only



354595510

12/2/20



## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: COCO CIGARS IN                                                                | C                                                                |                                                                                                           |
|-------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| DOCUMENT NUM            | BER: P99000060960                                                                     |                                                                  |                                                                                                           |
| The enclosed Articles   | of Amendment and fee are sub                                                          | omitted for filing.                                              |                                                                                                           |
| Please return all corre | spondence concerning this mat                                                         | ter to the following:                                            |                                                                                                           |
|                         | EMRE PARS                                                                             |                                                                  |                                                                                                           |
|                         |                                                                                       | Name of Contact Person                                           |                                                                                                           |
|                         | COCO CIGARS INC                                                                       |                                                                  |                                                                                                           |
|                         |                                                                                       | Firm/ Company                                                    |                                                                                                           |
|                         | 3015 GRAND AVE #135                                                                   |                                                                  |                                                                                                           |
|                         |                                                                                       | Address                                                          |                                                                                                           |
|                         | MIAMI FL 33133                                                                        |                                                                  |                                                                                                           |
|                         |                                                                                       | City/ State and Zip Code                                         |                                                                                                           |
|                         | EMRE@BAYSIDECIGARS.                                                                   | СОМ                                                              |                                                                                                           |
|                         |                                                                                       | ed for future annual report                                      | notification)                                                                                             |
| For further information | on concerning this matter, pleas                                                      | 954                                                              | 6636377                                                                                                   |
| Name                    | of Contact Person                                                                     | Area Co                                                          | de & Daytime Telephone Number                                                                             |
| Enclosed is a check f   | or the following amount made                                                          | payable to the Florida Depa                                      | artment of State:                                                                                         |
| \$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)                    |
| Ar<br>Di<br>P.C         | niling Address nendment Section vision of Corporations D. Box 6327 Hahassec, FL 32314 | Ameno<br>Divisio<br>The C<br>2415                                | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

## Articles of Amendment Articles of Incorporation of

## FILED

2020 DEC -1 PM 3: 15

| COCO CIGARS INC                                                                                                                |                                                         | 2020 DEC -1 FH 3-10                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| (Name o                                                                                                                        | of Corporation as currently                             | filed with the Florida Dept. of State of STATE                                                              |
| P9900060960                                                                                                                    |                                                         | TALLAHASSEE. FL                                                                                             |
|                                                                                                                                | (Document Number of                                     | Corporation (if known)                                                                                      |
| Pursuant to the provisions of section 607. is Articles of Incorporation:                                                       | 1006, Florida Statutes, this I                          | Florida Profit Corporation adopts the following amendment(s) to                                             |
| A. If amending name, enter the new na                                                                                          | ame of the corporation:                                 |                                                                                                             |
|                                                                                                                                |                                                         | The new                                                                                                     |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "C<br>"chartered," "professional association," | Corp," "Inc," or "Co". A                                | ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
| B. Enter new principal office address,                                                                                         |                                                         | 888 BISCAYNE BLVD #3005                                                                                     |
| B. Enter new principal office address, MUST BE A S                                                                             | TREET ADDRESS )                                         | MIAMI FL 33132                                                                                              |
|                                                                                                                                |                                                         |                                                                                                             |
|                                                                                                                                |                                                         |                                                                                                             |
| C. Enter new mailing address, if appli                                                                                         | icable:                                                 |                                                                                                             |
| (Mailing address MAY BE A POST)                                                                                                | <u>OFFICE BOX</u> )                                     |                                                                                                             |
|                                                                                                                                |                                                         |                                                                                                             |
|                                                                                                                                |                                                         |                                                                                                             |
|                                                                                                                                |                                                         |                                                                                                             |
| D. If amending the registered agent an<br>new registered agent and/or the new                                                  | id/or registered office address                         | ess in Florida, enter the name or the                                                                       |
|                                                                                                                                | EMRE PARS                                               |                                                                                                             |
| Name of New Registered Agent                                                                                                   | 888 BISCAYNE BLVD #3                                    | 005                                                                                                         |
|                                                                                                                                | (Florida str                                            | eet address)                                                                                                |
| V D > 100 - 111                                                                                                                | MIAMI                                                   | Florida 33132                                                                                               |
| New Registered Office Address:                                                                                                 |                                                         | (City) (Zip Code)                                                                                           |
|                                                                                                                                |                                                         |                                                                                                             |
|                                                                                                                                |                                                         |                                                                                                             |
| New Registered Agent's Signature, if c                                                                                         | :hanging Registered Agent<br>tered agent. I am familiar | <u>:</u><br>with and accept the obligations of the position.                                                |
| Thereby decept the apparatus                                                                                                   |                                                         | 1 4                                                                                                         |
|                                                                                                                                |                                                         | <u>/</u>                                                                                                    |
|                                                                                                                                | Signatura of Natura                                     | legistered Agent, if changing                                                                               |
|                                                                                                                                | Signature of trew K                                     | egunerou ngom y ermige g                                                                                    |
|                                                                                                                                |                                                         |                                                                                                             |

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)

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>    | John Doe    |                         |
|----------------|--------------|-------------|-------------------------|
| X Remove       | <u>V</u>     | Mike Jones  |                         |
| _X Add         | <u>sv</u>    | Sally Smith |                         |
| Type of Action | <u>Title</u> | Name        | <u>Addres</u> s         |
| (Check One)    | PSD          | OMAR LIMON  | 3300 OAKWOOD BLVD       |
| 1) Change      |              |             | SUITE 917               |
| Add            |              |             | HOLLYWOOD, FL 33020     |
| X Remove       | PSD          | EMRE PARS   | 888 BISCAYNE BLVD #3005 |
| 2) X Change    |              |             | MIAMI FL 33132          |
| Add            |              |             |                         |
| Remove Change  |              |             |                         |
| Add            |              |             |                         |
| Remove         |              |             |                         |
| 4) Change      |              |             |                         |
| Add            |              |             |                         |
| Remove         |              |             |                         |
| 5) Change      |              |             |                         |
| Add            |              |             |                         |
| Remove         |              |             |                         |
| 6) Change      |              |             |                         |
| Add            |              |             |                         |
| Remove         |              |             |                         |

|                                           | ticles, enter change(s) here: (Be specific)                 |
|-------------------------------------------|-------------------------------------------------------------|
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|                                           | a security of concellation of issued shares                 |
| <u>f an amendment provides for an exc</u> | change, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)         | nendment if not contained in the amendment itself:          |
| (if not applicable, matcule 1974)         |                                                             |
|                                           |                                                             |
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| The date of each amendment(s) adoption:date this document was signed.                                                                 | , if other than the                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Difference data if applicables                                                                                                        |                                                                                                           |
| (no more that                                                                                                                         | 190 days after amendment file date)                                                                       |
| Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records | plicable statutory filing requirements, this date will not be listed as the s.                            |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )                                                                                         |                                                                                                           |
| ■ The amendment(s) was/were adopted by the incorporators, action was not required.                                                    | or board of directors without shareholder action and shareholder                                          |
| ☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.                        | The number of votes cast for the amendment(s)                                                             |
| ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled                   | through voting groups. The following statement to vote separately on the amendment(s):                    |
| "The number of votes cast for the amendment(s) was/                                                                                   | were sufficient for approval                                                                              |
| by                                                                                                                                    | ."                                                                                                        |
| by(voting group)                                                                                                                      |                                                                                                           |
| 12/1/2020<br>Dated                                                                                                                    |                                                                                                           |
|                                                                                                                                       |                                                                                                           |
| Signature  (By a director, president or other of selected, by an incorporator – if it appointed fiduciary by that fiduciary           | officer - if directors or officers have not been in the hands of a receiver, trustee, or other court ary) |
| EMRE PARS                                                                                                                             |                                                                                                           |
| (Typed or prin                                                                                                                        | ted name of person signing)                                                                               |
| PRESIDENT                                                                                                                             |                                                                                                           |
| (Title of person                                                                                                                      | n signing)                                                                                                |

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