P05000050439

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700262743277

07/31/14--01003--005 **70.00

And 8:11.14

COVER LETTER

TO: Amendment Section

Division of Corporations Mars Market Inc. NAME OF CORPORATION: P05000050439 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frank F. Owen, Esq. Name of Contact Person Frank F. Owen & Associates, PA Firm/ Company 1091 Ibis Avenue Address Miami Springs FL 33166 City/ State and Zip Code FFO@Castlepalms.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 984-8915 Area Code & Daytime Telephone Number Frank F Owen Enclosed is a check for the following amount made payable to the Florida Department of State: □S43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



Articles of Amendment to Articles of Incorporation of

wars warker inc.	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P05000050439	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	orida 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," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (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:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida(Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Registered Ag	ent, if changing

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Rahman, Mahbubur	6800 Nova Drive #104
Add			Davie FL 33317
Remove			
2) Change	DP	Azam, Amir	3790 NW 84th Way
Add			Cooper City FL 33024
Remove			
3) Change	D	Rahman, Nazia Z.	6410 Sunset Strip
Add			Sunrise FL 33313
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter char (Be specific)			
				·
				7.
				······································
	·			
				
			· · · · · · · · · · · · · · · · · · ·	
				
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	iange, reclassifi ndment if not c	cation, or cance ontained in the	llation of issued amendment itsel	shares, f:

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated July 30,	2014	
Signature A	mir drom	
(By a d selected	irector, predent or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Amir Azam	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	