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SEP 11 2015

I ALBRITTON



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: SR FOOD MART,	INC.		
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	STACEY-ANN WHYTE			
		Name of Contact Person		
	MF TAX GROUP			
		Firm/ Company		
	8409 N MILITARY TRAIL,	STE 119		
	-	Address		
	PALM BEACH GARDENS, FL 33410			
		City/ State and Zip Code	;	
STAC	CEY@MFTAXGROUP.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
STACEY-ANN WHY	TE	at (561	691-1100	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of



SR FOOD MART, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
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 w	ith and accept the obligations of the position.
Signature of New Re	egistered Agent, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S	MOHAMMAD UDDIN	8003 VIA HACIENDA
X Add			PALM BCH GDNS, FL 33418
Remove			
2) Change	S	SHARNILA MAHTAB	3811 E. ROAN COURT
Add			LAKE PARK, FL 33403
X Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
		-
		<u> </u>
f an amandi	nent provides for an exchange, reclassification, or cancellation of issued shares,	
provisions f	or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·		
		_

	AUGUST 28, 2015	
The date of each amendment(s) ac	loption;	, if other than the
date this document was signed.		
SEP Effective date <u>if applicable:</u>	TEMBER 1, 2015	
Effective date i <u>r applicable</u> .	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this bedocument's effective date on the De		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes fficient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately o	
"The number of votes cast	for the amendment(s) was/were sufficient for a	pproval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder a	action and shareholder
Dated <i>08</i>	128/2015, Wenn sjere	
Signature	irector, president of other officer – if directors	65 h
	d, by an incorporator – if in the hands of a recei	
	ted fiduciary by that fiduciary)	
	MoHAMMET) (Typed or printed name of person s	HARCOE
	(1 yped or printed name or person s	igning)
	PRESIDEN	<u> 7 </u>
	(Title of person signing)