584461

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STAFF

COVER LETTER

NAME OF CORPORATION: A - OK Fight Market

DOCUMENT NUMBER: 584461

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Acosta, Eden

Name of Contact Person

A-OK Fish Market, IuC

Firm/Company

J27 5. Krowe AUP

Address

Homestead, Fl. 33030

City/State and Zip Code

jean baul cadotte @ Qmail. Com

or further information concerning this matter, please call:

Fear Paul Cadotte at (786), 351-4669
Name of Contact Person Area Code & Daytime Telephone Number

aclosed 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)

CS\$52.50 Filing Fee Certificate of Status 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

Articles of Incorporation of

A-OK Fish Macket, Tuc.		100
(Name of Corporation as currently	filed with the Florida Dept. of State)	955
584461		- C. C. C.
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> is Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing amendment
A. If amending name, enter the new name of the corporation:		
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."		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Homestead, Fl. 3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2059 SE 13 St. Homestead, Fl. 3	reet_ 3031
Name of New Registered Agent Day Day (Florida street)		
New Registered Office Address: Homestead	City) , Florida 32	3030 Zip Code)
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the positio	nı.
Signature of New Re	gistered Agent, if changing	

eck if applicable

The amendment(s) is/are 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)

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 L	Onc	
X Remove	$\underline{\mathbf{V}}$	Mike.	Jones	
X Add	<u>sv</u>	Sally :	Smith	
Type of Action Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
) Change	9		Acosta, Eden	277 S. Krome Aue
Add				Homestead, Fl. 33030
Remove	P		Jean Paul cadotte	227 S. Krome Aug
Add			June 1 2001 20000	Homestead, Fl. 33030
Remove Change		<u>.</u>		<u> </u>
Add				
Remove				
Change				
Add				
Remove				
Change				
Add				
Remove				
Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) adoptions the date of each amendment(s) adoptions the date of the date o	on:, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ant for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	(voting group)
selected, by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)

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