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Account Number : I20110000070

Phone : (305)541-3980 : (305)541-7033 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN SANTA ANNA FOOD STORE, INC.

The Total county of the first of the forestern.	••	*** *****
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COVERLETTER

TO: Amendment Section
Division of Corporations

	RATION: SANTA AN		RE, INC.
DOCUMENT NUME	of Amendment and fee are su		
		-	
Please return all corres	spondence concerning this ma	tter to the following:	
	MOSES NAE		
		Name of Contact Person	1
	ACCOUNTANT &	<u> MANAGEMEN</u>	IT INC
		Firm/ Company	***
	1549 NE 123RD	ST	
		Address	
	NORTH MIAMI, I	FL 33161	
		City/ State and Zip Cod	ė
INF	O@TAXLEAF.CO	MC	
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For further information	n concerning this matter, pleas	se call;	
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Name o	of Contact Person	Area Co	do & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
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	ling Address		Address
Amendment Section Division of Corporations			Iment Section
	Box 6327	Division of Corporations Clifton Building	
and the second s	ahassee, FL 32314		ixecutive Center Circle
	4		assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANTA ANNA FOOD STORE, IN	1C.			
(Name of Corporation as currently file	ed with the Florida Dep	t. of State)	_	
P02000022655			.	
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the follow	ving amendmen	it(s) to
A. If amending name, enter the new name of the cor	poration:			
			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"Inc," or "Co". A pr	any," or "incorporated" or the ofessional corporation name mu	abbreviation st contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		<u>, </u>		
			12	1163
			APR	15
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX	Ò		>0 —	
	<u></u>		— თ	7 - 25 - 3 - 4 - 5
			_ <u>₽</u>	ا در د
			PH 11: 47 	-
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ida. enter the name of the	Ţ	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida (Zip Code)	_	
	(0.9)	(cip Code)		
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and acc	cept the obligations of the position	n .	
Signature of New	v Registered Agent, tf che	anging		

Page 1 of 4

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	FARRAJ, MAJED	485 B NW 54TH ST
Add			MIAMI, FL 33127
Remove			
2) Change	P	FARRAJ, SAED	485 B NW 54TH ST
Add			MIAMI, FL 33127
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

amending or adding additional Arti- trach additional sheets, if necessary).	(Be specific)
	·
	······································
<u>rovisions for implementing the amen</u>	nange, reclassification, or cancellation of issued shares, number if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE) .	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ıf
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/11/14	
Signature (By a director) president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SAED FARRAJ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-