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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: FRIENDLY FOOD	MARKET INC	
DOCUMENT NU	MBER: P02000069561		
	cles of Amendment and fee are sul	omitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	SYED NADEEM AKHTAR		
		Name of Contact Person	1
	FRIENDLY FOOD MARKE	T INC	
		Firm/ Company	
	660 NW 111TH STREET		
		Address	
	MIAMI, FLORIDA 33168		
	-	City/ State and Zip Cod	e
	E-mail address: (to be us	ed for future annual report	notification)
For further informa	ation concerning this matter, pleas	e call:	
SYED NADEEM	AKHTAR	954 at (394-6959
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chee	k for the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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)
1	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Flor	ida Dept. of State)	
N12000004890			
(Document Num	nber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not Fo</i>	r Profit Corporation adopts the follow	/ing
A. If amending name, enter the new name of the corpora	ation:	ZA / 3	10111
name must be distinguishable and contain the word "corpor	ration" or "incorporated	" or the abbreviation "Corp." or "In	c. '' G
'Company" or "Co." may not be used in the name.		Sign	-
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> 	5)	2,12 x 4	— <u>;</u>
		ー (C)	ē
		<u>Sini</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_
If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida,	enter the name of the	_
Name of New Registered Agent:			
	(Fi	orida street address)	
<u>New Registered Office Address:</u>			
*******	(0:4)	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am		the obligations of the position.	
	Signature of New Pagis	tered 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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	1/P	Syed Nadeem Akhtar	
Add			
X_ Remove			
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
3) Change			
Add			
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4) Change			
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5) Change			
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Remove			

(anaon aaannonan onoi	ng additional Arti ets, if necessary).	(De specific)				
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		her than th
date	te this document was signed.	
Effe	ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.	d as the
Ado	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated <u>2-15-16</u>	
	Signature 313	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	DAVID COHEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	