P02000131041

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ AL SALAM MIDDLE EAST RESTAURANT & GROCERY INC DOCUMENT NUMBER: P02000131041 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAHER ALMASSRI Name of Contact Person AL SALAM MIDDLE EAST RESTAURANT & GROCERY INC Firm/ Company 1818 N UNIVERSITY DR Address PLANTATION, FL 33322 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAHER ALMASSRI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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 of

AL SALAM MIDDLE EAST RESTAURANT & GROCERY, INC.

(Name of Corporation as curre	ntly filed with the Florida l	Dept. of State)
P02000131041		
(Document Numbe	r of Corporation (if known)	>-
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporatio	on adopts the following amendm
A. If amending name, enter the new name of the corporation:		47
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation	The new ted" or the abbreviation "Corp., on name must contain the word
B. Enter new principal office address, if applicable:		~ <u>~</u>
(Principal office address MUST BE A STREET ADDRESS)		23
		115 PM 2: 58
C. C. W. H. Mary Market		O.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		¥
	· · · · · · · · · · · · · · · · · · ·	2:
		
		·
D. If amending the registered agent and/or registered office a	ddross in Florida, ontor the	name of the
new registered agent and/or the new registered office addr	ess:	. Hame of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		eriana aCela masirina
т петеву ассері іне аррынітені ах гедімегей адені. Тат јатив	ir wun ana accept ine obuga	mons of the position.
Signature of Nev	v Registered Agent, if changi	ing
		-
Check if applicable	1) (a) F.C	
\square The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (c), r.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nar 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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. 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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)	Title	<u>Name</u>	Address
1) Change	VP	RANIA ABDELFATTAH	1818 N UNIVERSITY DR
Add			PLANTATION FL 33322
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
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If an amendment provides for an excha	rnas esslaveifiz	ation or san	sallation of ice	rod skovac	
provisions for implementing the amen-	dment if not co	ontained in th	e amendment	itself:	
(if not applicable, indicate N/A)					
					
					<u> </u>

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The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
NOVEMBER 10, 2020 Dated
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)
MAHER ALMASSRI
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)