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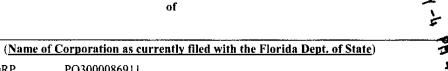
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AL-DOLLAR DIS				
DOCUMENT NUM	BER: PO3000086911				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Marco A Reyes				
		Name of Contact Person	1		
	Al-Dollar Discount				
		Firm/ Company			
	7953 W McNab Rd		•		
		Address			
	Tamarac, Fl. 33321				
		City/ State and Zip Cod	e		
amad	ipa@hotmail.com				
	•	sed for future annual report	notification)		
	(,		
For further informatio	n concerning this matter, pleas	se call:			
Marco A Reyes		954 at (6388970		
Name	of Contact Person	at (954) 6388970 Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fec	□\$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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

THAY -4 PH 4: 43

Articles of Amendment to Articles of Incorporation of



AL-DOLLAR DISCOUNT, CORP PO3000086911

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corp	poration adopts the following amendment
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A profession	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen		obligations of the position.
All and the second seco		
Si	ignature of New Registered 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 Doc	<u>!</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Sm	Sally Smith		
Type of Action (Check One)	<u>Title</u>	j	Name	<u>Addres</u> s	
1) Change	P		ANA P. DIAZ	3505 DUNES VISTA DR	
Add X _				POMPANO BEACH, FL. 33069	
Remove					
2) X Change	P 7		MARCO A. REYES	7953 W McNab Rd	
Add				Tamarac, Fl. 33321	
Remove					
3) Change		 .			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	ding or adding additional distributional sheets, if necessory	ıry). (Be specific	;) =			
					- · · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·		
	- · · · ·					
						
	-	•				
	.					 -
f an am	endment provides for an	exchange, reclass	sification, or canc	ellation of issued	shares,	
provisio	ons for implementing the	amendment if no	t contained in the	amendment itsel	<u>t:</u>	
(if n	not applicable, indicate N/.	A)				
		·			,	

The date of each amendment date this document was signed		, if other than the
· ·	April/15/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.		
04/15/ Dated	. //	
Signature	Marco H. Vejes	
(<u>B</u>	By a director, president or other officer – if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	` >
	Marco A. Reyes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	