## P03000132487

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S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COF	RPORATION: LA PLACITA MIN	NI MARKET INC.	
	UMBER: P03000132487		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	HECTOR ARISTIDES ALB.	٨	
		Name of Contact Persor	1
	LA PLACITA MINI MARK	ET INC.	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	3950 LAKE WORTH RD		
		Address	<del> </del>
	LAKE WORTH, FL 33461		
		City/ State and Zip Code	
	alba hector@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	mation concerning this matter, plea		906-5292
N	ame of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made		
\$35 Filing F	ee \$\int\\$\\$43.75 \text{ Filing Fee & Certificate of Status}	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LA PLACITA MINI MARKET INC.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P03000132487	
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>ss</u> )
	<u> </u>
C. Enter new mailing address, if applicable:	% - 2 %- 3
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
,r	A
Signature	e of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PRES	HECTOR ROLANDO ALBA	3950 LAKE WORTH RD
Add			LAKE WORTH, FL 33461
X Remove  2) Change	PRES	HECTOR ARISTIDES ALBA	3950 LAKE WORTH ROAD
X Add		<del></del>	LAKE WORTH, FLORIDA 3346
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	(Be specific)
<del> </del>	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchange of the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

. .

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing re Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east e sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. To for each voting group entitled to vote separately on the	
"The number of votes of	ast for the amendment(s) was/were sufficient for approv	al
by		
	(voting group)	
11/17/2	020	
Dated		
Signature		
sele	a director, president or other officer – if directors or officted, by an incorporator – if in the hands of a receiver, to inted fiduciary by that fiduciary)	
	HECTOR ARISTIDES ALBA	
	(Typed or printed name of person signing	
	PRESIDENT	
	(Title of person signing)	