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6/1/12

COVER LETTER

TO: Amendment Section Division of Corporations

• 54.

NAME OF CORPOR	ATION: Orange Av	e. Food Mart, Ind	2.		
	ER: P0500000785				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Julisa Luna				
•		Name of Contact Person	1		
_	Orange Ave. Foo	d Mart, Inc.			
		Firm/ Company			
	13490 Orange Av	venue			
·		Address			
	Fort Pierce, FL 3	4945			
-		City/ State and Zip Code	;		
****	Famail address: (to be us	sed for future annual report	notification)		
	D man address: (to be a	ion for facult annual report			
For further information	concerning this matter, pleas	se call;			
Julisa Luna		.772	464-4002		
	f Contact Person	at (· · · · · · · · · · · · · · · · · ·	464-4002 de & Daytime Telephone Number	—	
		71104 000			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	☐\$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)		
	ing Address		<u>Address</u>		
	ndment Section		Amendment Section		
	ion of Corporations Box 6327		n of Corporations Building		
	hassee, FL 32314		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Orange Ave Food Mart, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P05000007851			TALLAHASSE
(Docume	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the following am
A. If amending name, enter the new n	ame of the corporation:		
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional	
3. Enter new principal office address,		13490 Orar	nge Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Fort Pierce	, FL 34945
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13490 Orar	nge Avenue
		Fort Pierce	FI 34945
		TORTICIOS	, 1 2 04040
			, 1 L 04040
		lress in Florida, enter	
new registered agent and/or the new	w registered office addres	lress in Florida, enter s:	
	w registered office addres Emanuel Cappo	Iress in Florida, enter s: ello	
new registered agent and/or the new	Emanuel Cappe 13490 Orange	Iress in Florida, enter s: ello Avenue	
	Emanuel Cappe 13490 Orange	Iress in Florida, enters: Ello Avenue reet address)	

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: XChange	<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>	<u>Name</u>	<u>Addres</u> s	
t) Change Add Remove	VPD	Maria G. Luna	60 Woodcrest Drive Fort Plerce, FL 34945	
2) × Change Add Remove	S	Julisa Luna	60 Woodcrest Orive Fort Pierce, FL 34945	
3) Change × Add Remove	Р	Emanuel Cappello	13490 Orange Avenue Fort Pierce, FL 34945	
4) Change Add Remove	v	Michelle Cappello	13490 Orange Avenue Fort Pierce, FL 34945	
5) Change Add Remove				
6) Change Add Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Emanuel Cappello 40% owner
Michelle Cappello 40% owner
Julisa Luna 20% owner
Maria Luna reliniquished her shares and Julisa Luna relinquished
half of her shares.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

he date of each amendment(s)	adoption: 06/01/2012
ffective date if applicable:	6/01/2012
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated 5	-24-12
Signature 6	new Capple
(By a	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Emanuel Cappello (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Thesi Dent (Title of person signing)
	(Title of person signing)