P0500020990

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A & M 44 SUNOCO, INC. DOCUMENT NUMBER: P05000020990 The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MUHANNED FARRAJ Name of Contact Person A & M 44 SUNOCO, INC. Firm/ Company **3801 NW 12TH AVENUE** Address MIAMI, FL 33127 City/ State and Zip Code

NWOLFSON@WOLFSONASSOCIATES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUHANNED	FARRAJ	_{at (} 954	, 815-7116	
Name o	f Contact Person	Area Co	de & Daytime Telephone N	lumber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	:
■ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	TAI

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 ¿Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

A & M 44 SUNOCO, INC.

	P05000020990				
(Document Number of	Corporation (if known)	· · · · ·			
Pursuant to the provisions of section 607,1006. Flori its Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	orporation adopts the	ne following an	nendment	t(s) t
A. If amending name, enter the new name of the	erporation:				
			Th	e new	
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or th	," "Inc," or "Co". A professi	or "incorporated" onal corporation n	or the abbreame must con	viation ain the	
B. Enter new principal office address, if applicable of the principal office address MUST BE A STREET AL					
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u></u>				
			· -		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		nter the name of t	<u>he</u>		
Name of New Registered Agent					
	(Florida street address)	<u></u>			
	(1 to) that sireer duaress)		Ass		
New Registered Office Address:	(Ciţv)	, Florida(Zi	ip Code) HAS	0CT -8	
New Registered Agent's Signature, if changing Relative the Agent's Proposition of the Agent. I hereby accept the Appointment as registered agent.		ne obligations of the	SEE OF SEE OF	-8 PH 4:	T
	w Registered Agent, if changing		至至	t.	

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 Doe	
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	Р	MUHANNED FARRAJ	3801 NW 12TH AVENUE
Add			MIAMI, FL 33127
Remove			
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change		 _	
Add			
Remove			SECRETARE ALLAH
5) Change			ASSEA
Add			TO R IT
Remove			75. F. 10. F. 10
6) Change			
Add			
Remove			

Attach <i>aa</i>	ing or adding a Iditional sheets,	additional Arti , if necessary).	cles, enter char (Be specific)	i <u>ge(s) here</u> :			
-							
				····			
							-
							
-							
			•			·	
							_
lf an ame	endment provi	des for an exch	ange, reclassifi	cation, or canc	ellation of issu	ied shares,	
provisio	ns for impleme	enting the ame	ndment if not c	ontained in the	amendment i	tself:	
(if n	ot applicable, i	ndicate N/A)					
					<u> </u>		
						<u></u>	_
					-		
							_

The date of each amendment(s) adoption: OCTOBER 4, 2013	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment)	nt file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. To must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by:	"; —·
by	
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	
Signature (By a director, president or other officer – it directors or off selected, by an incorporator – if in the hands of a receiver, to	
appointed fiduciary by that fiduciary)	•
MUHANNED FARRAJ	
(Typed or printed name of person	signing)
PRESIDENT	*,
(Title of person signing)	FIL SECRETAR) ALLAHASS
	FILED OCT-8 PH 4: 48 CRETARY OF STATE LANASSEE, FLORID.