P0500081113

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: KWIK STOP 7TH, AVE INC P05000081113 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THAMARA PEREZ Name of Contact Person TABADESA ASSOCIATES INC Firm/ Company 419 W 49TH ST SUITE 111 Address HIALEAH, FL 33012 City/ State and Zip Code TAMMYP@TABADESA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 558-0622

Area Code & Daytime Telephone Number THAMARA PEREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(None of Communition	MA DEC _2
(Name of Corporation	as currently filed with the Florida Dept. of State 59
P05000081113	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>)	ESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	office address in Florida, enter the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
new registered agent and/or the new registered off	
new registered agent and/or the new registered off	
new registered agent and/or the new registered off	fice 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: X Change	<u>PT</u>	John Do	<u>×</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		MASUM RAHMAN	9320 SW 6TH CT
X Add				PEMBROKE PINES, FL 33025
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	<u> </u>	_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets	additional Ar s, if necessary)	(Be specifi	c)				
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f an amendment provi	ides for an exc	hange, reclas	sification, or	cancellation (of issued share	<u>s,</u>	
provisions for implem (if not applicable,	enting the am	endment if no	ot contained i	n the amendn	ent itself:		
(іј погаррисате,	maicare is/A)						
							
		-					
							

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
11/28/2018 Dated	· · · · · · · · · · · · · · · · · · ·	
Signature Z	N Lhall	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	MOHAMMED KHALED	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	-