P06000120364

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(Ac	ldress)	
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Amend. 10-18-10

COVER LETTER

TO: Amendment Section Division of Corporations	y way 🕻
NAME OF CORPORATION:	MIDDLE EAST GROCERY, INC
DOCUMENT NUMBER:	P06000120364
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	ANDRE KATTOURA
	Name of Contact Person
	KATTOURA & ASSOCIATES Firm/ Company
1287	E NEWPORT CENTER DR STE 201
	Address
	DEERFIELD BEACH, FL 33442
	City/ State and Zip Code
kat E-mail address:	toura.accounting@gmail.com (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
ANDRE KATTOURA	at (<u>954</u>) <u>427-8040</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle

Tailahassee, FL 3230!

Articles of Amendment Articles of Incorporation

MIDDLE EAST GROCERY, INC.

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

P06000120364

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	N/A		The n
ne must be distinguishable and contain the reviation "Corp.," "Inc.," or Co.," or the c ne must contain the word "chartered," "profe	lesignation "Corp	o, " "Inc." or "C	lo". A professional corporati
Enter new principal office address, if appli incipal office address <u>MUST BE A STREET</u>		N/A	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	<u>- E BOX</u>) <u>N</u>	VA	
If amending the registered agent and/or re new registered agent and/or the new regist			a, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Florida	street address)	<u> </u>
			, Florida
-	(City)		(Zip Code)

Page 1 of 3

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)

<u>Titie</u>	<u>Name</u>	<u>Address</u>	Type of Action
ΥP	MOHAMED, ATEF	4569-73 N PINE ISLAND DR	_ ☑ Add □ Remove
		SUNRISE, FL 33351	_
	EL BASTAWEISY		🗆 Add
	LAST NAME		_ □ Remove
			
			_ □ Add □ Remove
			_ _
	ding or adding additional Articles, ento		
(a <i>ttach a</i> N/A	idditional sheets, if necessary). (Be spe	cific)	
		, , <u>, , , , , , , , , , , , , , , , , </u>	
			<u> </u>
			100
			<u></u>
	mendment provides for an exchange, r		
	ions for implementing the amendment in applicable, indicate N/A)	it not contained in the amendment	Asen:
N/A			
	· · ·		

The date of each amendmen	it(s) adoption: <u>09/08/2010</u>
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_09/0	08/2010
sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MILDRED ELBOOZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)