## P0700039523

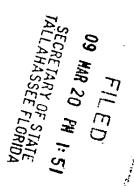
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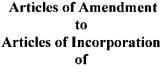
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: <u>LUCKY BEVE</u>   | RAGE DISCOUNT INC.   |   |
|--|--|---|
| DOCUMENT NUMBER: P07000029523  |  |   |
| The enclosed Articles of Amendment and fee are   | submitted for filing.  |   |
| Please return all correspondence concerning this   | matter to the following:   |   |
|  | LIA ALVAREZ  |   |
| (Name of   | Contact Person)  |   |
|  | 'ERAGE DISCOUNT INC.   |   |
| (Firm  | / Company)   |   |
| 3230 NW 38 ST  |  |   |
| (A   | Address)   |   |
| MIAMI FL 33142   |  |   |
| (City/ Stat  | te and Zip Code)   |   |
| For further information concerning this matter, p  | lease call:  |   |
| ODILIA ALVAREZ   | at ( <u>786</u> ) <u>236-9977</u>  |   |
| (Name of Contact Person)   | (Area Code & Daytime   | : Telephone Number)   |
| Enclosed is a check for the following amount ma  | de payable to the Florida Dep  | partment of State:  |
| \$35 Filing Fee  \$Certificate of Status   | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                  | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | ircle   |

Tallahassee, FL 32301



## OS MA ZO PA ! S ! LUCKY BEVERAGE DISCOUNT INC. (Name of Corporation as currently filed with the Florida Dept. of State) P07000029523 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or

"incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or

"Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## 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>Title</u> | <u>Name</u>  | Address                              | Type of Action |
|--------------|--|--------------------------------------|----------------|
| <u>P</u>     | ODILIA ALVAREZ   | 3230 NW 38 STREET<br>MIAMI, FL 33142 | Add Remove     |
| DPST         | GILBERTO GARCIA-MARTINEZ   |                                      | Add Remove     |
| <del></del>  |  |                                      | Add Remove     |
| (allach addi | g or adding additional Articles, enter of tional sheets, if necessary). (Be specific                 | c)                                   |                |
| provisions   | ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A) |                                      |                |
|              |  |                                      |                |
| ,            |  |                                      |                |
|              |  |                                      |                |

| Th                            | e date of each amendmen                          | t(s) adoption: MARCH 16, 2009  |
|-------------------------------|--|--|
| Effective date if applicable: |  | MARCH 16, 2009   |
|                               | <u></u>  | (no more than 90 days after amendment file date)   |
| Ad                            | loption of Amendment(s)                          | (CHECK ONE)  |
| ☑                             |  | ere adopted by the shareholders. The number of votes cast for the amendment(s) tere 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                             | cast for the amendment(s) was/were sufficient for approval   |
|                               | by   | (voting group)   |
|                               | ,  | (voting group)   |
|                               | The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder   |
|                               | The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder  |
|                               | Dated  | 3/16/09<br>Afrarz  |
|                               | Signature _                                      | Afrais .   |
|                               | (By  | y a director, president of other officer – if directors or officers have not been  |
|                               |  | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)                                  |
|                               |  | ODILIA ALVAREZ   |
|                               |  | (Typed or printed name of person signing)  |
|                               |  | PRESIDENT  |
|                               |  | (Title of person signing) .  |