D08000105674

(Danisahada ki)	191
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
(Business Entity Name)	1813 1813
(Document Number)	135
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
Office Use Only	



600305656796

11/20/17--01021--022 ++43.75

S TALLENT NOV 2 2 2017

THOW 20 PH IT IN

Knong

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIKTOR'S PAYEL	ESS GROCERIES, INC.
DOCUMENT NUMBER: P08000105679	
The enclosed Articles of Amendment and fee are sul	omitted for fiting.
Please return all correspondence concerning this man	ter to the following:
DEBRA HAWKINS	
RRT & ASSO	Name of Contact Person
	Firm/ Company
12086 FT CAROLINE RD	TE 301
JACKSONVILLE FL 32225	Address
	City/ State and Zip Code
DEBBIE@PADGETTACCOUNTI	NG.COM
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
DEBRA HAWKINS	at (904) 854-9829
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VIKTOR'S PAY-LESS GROCERIES, INC.

	1841	•					
(Name	of Corpor	ation as curren	tly filed with the Flo	orida Dept. of Sta	<u>(e)</u>		
P08000105679							
	(D ởc	ument Number	of Corporation (if known	own)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Flo	rida Statutes, thi	s Florida Profit Corp	ooration adopts the	following am	endmei	nt(s) I
A. If amending name, enter the new no	ame of the	corporation:		٠			
	II)				The	new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation Co	יקים," "Inc," or	"Co". A profession				
B. Enter new principal office address,							
(Principal office address MUST BE A S	TREET A	DDRESS)			2 Cy	\exists	
	i[]				ge (P)	-중	
				• 		<u>۔۔</u>	
	🎚			•	ີ ທີ່ ລຸດ ປ່າ	Ö	1
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		j BOX)			771.	구	با
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					= (,		_
			 	·			
					<u> </u>		
D. If amending the registered agent ar			danain Florida				
new registered agent and/or the ne				er the name of the			
Name of New Registered Agent	RRT &		<u></u>				
1	12086 F.C	OT CAROLINE	RD STE 301				
		(Florida s	street address)				
N D 100 111	JACKSO	NVILLE			32225		
New Registered Office Address:		<u>"</u>	(City)	, Florida	(Zip Code)		
		ļ					
New Registered Agent's Signature, if o							
I hereby accept the appointment as regis.	tered ogën I	it. I anı familia: 	r with and accept the	obligations of the	position.		
Q,	day	Thro)\we \				
		gnature of New	Registered Agent, if	changing			
	1						

If amending the Officer	s and/or	Directors, ente		officer/director being removed and title, name, and
address of each Officer : (Attach additional sheets,			dded: N	
Please note the officer/dis	rector titl	le by the first lett	er of the office title:	TD = 0 01 1 01 01 01 01 01 01 01 01 01 01 01
P = President; V= Vice Executive Officer: CFO :	Presideni = Chief l	t; T= Treasurer; Financial Office:	S= Secretary; D= Director; If an officer/director holds	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office
held. President, Treasure	r, Directo	or would be PTL		
	ives the c	orporation, Sall	Smith is named the V and S.	as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example:	D.T.			
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>	. Name		<u>Addres</u> s
1) Change	P	TERI	ZINA NDOJ	10000 GATE PKWY N #621
X Add			İ	JACKSONVILLE, FL 32246
Remove				
2) X Change	<u>v</u>		OR GJERGJI	6612 SAN JUAN AVE
Add				JACKSONVILLE FL 32210
Remove				
3) Change		_	111	
Add				•
Remove				
4) Change			<u> </u>	
Add			-	
Remove				<u> </u>
5) Change				
Add				
Remove				
δ) Change	<u> </u>		111	
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	illi s. enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
	181
	111
	· · · · · · · · · · · · · · · · · · ·
	iki iki
	IKI
·	
	<u> </u>
	!! }
	∖(i)
·	
	10
If an amendment provides for an evchan	lil ge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	90 10
	<u>[]</u>
	W.
	₩
	<u> </u>
	NA
	11:9

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not i	ill neet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of Sta	te's records.
Adoption of Amendment(s) (CHEC	<mark>KONE</mark>) III
■ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for approx	tholders. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro	archolders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	
(voting	group)
☐ The amendment(s) was/were adopted by the boa action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	porators without shareholder action and shareholder
L Dated 11 - 18 - 17	
Dated 11 − 18 − 17 Signature 24 d + 0 r Signature 24 d	Sieral'
(By a director, presider	iter other officer – if directors or officers have not been
	ration - if in the hands of a receiver, trustee, or other court
appointed fiduciary by	that fiduciary)
VIKTOR GJE	ថ្មីហ្វ ម៉ា
(Ту	oed or printed name of person signing)
DPS	
	(Title of person signing)