

PO9000006225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

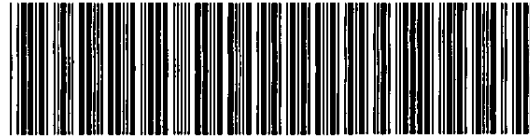
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/26/12--01011--004 **35.00

Amend

FILED
12 MAY 10 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 11 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2012

OSVALDO MARTINEZ
O & J PROFESSIONAL SERVICES INC
782 NW 42 AVE #2
MIAMI, FL 33126

SUBJECT: ONE STOP SHOP CONVENIENCE STORE INC
Ref. Number: P09000006225

We have received your document for ONE STOP SHOP CONVENIENCE STORE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Antonio Colcetta must sign document on page (4) in the space provided for signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 512A00012971

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 10 AM 10:29
TO AGENCY
SUFFICIENT FOR FILING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ONE STOP SHOP CONVENIENCE STORE INC

DOCUMENT NUMBER: P09000006225

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSVALDO MARTINEZ

Name of Contact Person

O&J PROFESSIONAL SERVICES INC

Firm/ Company

782 NW 42 AVE # 2

Address

MIAMI FL 33126

City/ State and Zip Code

OSVALDOEMARTINEZ@AOL.COM

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

For further information concerning this matter, please call:

OSVALDO MARTINEZ

Name of Contact Person

at (**305**) **446-4006**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

ONE STOP SHOP CONVENIENCE STORE INC.

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

P09000006225

(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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

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TALLAHASSEE FLORIDA

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Remove	<u>V</u>	Mike Jones
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<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Address

11241 NW 44 TERRACE
DORAL FL 33178

[illegible][illegible]

The date of each amendment(s) adoption: 04/23/2012

Effective date if applicable: 04/23/2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/23/2012
Signature Antonio Coletta
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ANTONIO COLETTA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)