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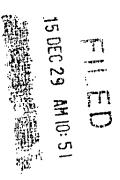
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: SANDCASTLE DISCOUNT BEVERAGE, INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person INFOTAXSQUARE.COM Firm/ Company 7 DAVID AVENUE Address HICKSVILLE, NY 11801 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MADIHA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment	
to	9 1
Articles of Incorporation	
of	まる ひ
SANDCASTLE DISCOUNT BEVERAGE, INC.	Ó,
(Name of Corporation as currently filed with the Florida Dept. of State)	<b>***</b> ***
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follots Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
HYPOŁUXO FOOD MART INC.	T1

HYPOLUXO FOOD MART INC.		The new
	ntion "Corp," "Inc," or "Co". A profes	" or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S.)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<del></del>	
D. <u>Mamending the registered agent an</u> new registered agent and/or the new	d/or registered office address in Florida v registered office address:	enter the name of the
Name of New Registered Agent	MONIRUL HOSSAIN	
	1304 HYPOLUXO RD	
	(Florida street address)	
New Registered Office Address:	LANTANA	, 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.

Monry Hosson

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)

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l)Change	P	MONIRUL HOSSAIN	1304 HYPOLUXO RD
X Add			LANTANA, FL 33462
Remove			
2) Change	P	JESMIN CHOWDHURY	1304 HYPOLUXO RD
Add			LANTANA, FL 33462
X Remove			
3) Change			
Add			
Remove			791
4)Change			
Add			
Remove			
5) Change	<del></del> _		
Add			
Remove			
6) Change			
Add			
Remove			

Tamending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	•		
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification ndment if not contain	i, or cancellation o ned in the amendm	of issued shares, nent itself:	
-				
		<del></del>		
		·		
				<del></del>

The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment of flicient for approval.	ent(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
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	r
12/21/201 Dated	5	
Signature	onirul Hossowin	
selecte	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other of ted fiduciary by that fiduciary)	
	MONIRUL HOSSAIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	