

P09000058359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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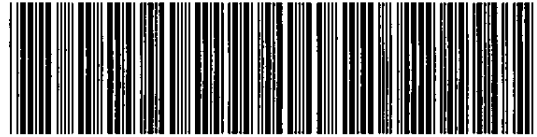
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Amend
News
9-25-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: El Gigante Mini Market Inc.

DOCUMENT NUMBER: P09000058359

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

Please return all correspondence concerning this matter to the following:

Rosa M. Silva
Name of Contact Person

EL Gigante Mini Market, Inc.
Firm/ Company

4303 Gunn Hwy
Address

Tampa, FL 33618
City/ State and Zip Code

silvarm4@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Silva at (239) 357-2891
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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Juan C. Echevarria</u>	<u>4303 Gunn Hwy</u> <u>Tampa FL</u> <u>33618</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Rosa M. Silva</u>	<u>4303 Gunn Hwy</u> <u>Tampa, FL 33618</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Robert Sanchez Jr</u>	<u>4303 Gunn Hwy</u> <u>Tampa, FL 33618</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Remove Rosa M. Silva From VP. 4303 Gunn Hwy
Add Juan C. Echevarria Director Tampa FL 33618
4303 Gunn Hwy
Tampa, FL 33618

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

Juan C. Echevarria has 0 shares of company.
Rosa M. Silva is 100% owner.

The date of each amendment(s) adoption: 9/16/09

(date of adoption is required)

Effective date if applicable: 9/16/09

(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 Juan C. Echevarria & Rosa M. Silva.
(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 9/16/09

Signature 

(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)

Rosa M. Silva

(Typed or printed name of person signing)

Vice President

(Title of person signing)