PD9000074573

| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| , | | |
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TALLAHASSEE FLORID

CRM 922-14

COVER LETTER

TO: Amendment Section

| Division of Corpo | rations | | | |
|--------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------|
| NAME OF CORPOR | ATION: TOP FOO | STORE CORP | ORATION | ESE SES |
| DOCUMENT NUMBER | _{ER:} P0900007457 | '3 | | 25 |
| DOCUMENT NUMB | EK: | | | - 52 |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | 79 |
| Please return all corres | pondence concerning this ma | tter to the following: | • | 7.08 |
| | NICK N. MANTE | CON | | |
| • | | Name of Contact Person | 1 | |
| | NICK N. MANTE | CON & ASSOCI | ATES INC | |
| - | | Firm/ Company | | |
| | 7856 NW 194th S | ST TS | | |
| - | · | Address | | |
| | HIALEAH, FL 330 | 015-6350 | | |
| - | | City/ State and Zip Cod | e | |
| NUC | | A OT NET | | |
| NIC | KMR35@COMC | Sed for future annual report | natification | _ |
| | E-man address. (to be di | sed for future annual report | nonneation) | |
| For further information | concerning this matter, please | se call: | | |
| NICK N. MAN | NTECON | at (305 | 829-0309 | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone N | umber |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment 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) | |
| | ing Address | | Address | |
| | ndment Section | Amendment Section | | |
| | sion of Corporations Box 6327 | | on of Corporations Building | |
| | hassee, FL 32314 | | Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TOP FOOD STORE CORPORATION

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

P09000074573

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| N/A name must be distinguishable and contain to "Company" or "Co." may not be used in to | | ion" or "incorporated" | or the abbreviation "Corp." or "Inc |
|-------------------------------------------------------------------------------------------|---------------------|--------------------------|-------------------------------------|
| B. Enter new principal office address, if | applicable: | N/A | |
| (Principal office address <u>MUST BE A ST</u> | | | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of | | N/A | |
| D. If amending the registered agent and new registered agent and/or the new | | | nter the name of the |
| · · · · · · · · · · · · · · · · · · · | JAMAL AL | | |
| Name of New Registered Agent: | 19215 NE 1 | | |
| | | (Florida street address) | |
| | MIAMI | | , Florida 33179-3633 |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if chall hereby accept the appointment as register | red agent. I am far | | |

Page 1 of 4

| * 1 | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------|
| address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted | and/or E , if neces, irector tit Presiden = Chief er, Direct I in the fo | Director b sary) le by the fi t; T= Trec Financial or would l corporation | irst letter of the office title: asurer; S= Secretary; D= Director; TR Officer. If an officer/director holds mobe PTD. anner. Currently John Doe is listed as n, Sally Smith is named the V and S. Th | R= Trustee; C = Chai ore than one title, list the PST and Mike Jo | rman or Clerk; CEO = 0 t the first letter of each o nes is listed as the V. The | Chief office ere is |
| Example: X Change | <u>PT</u> | John Do | | | 14 SEP SEONALI ALLIAN | , , |
| X Remove | <u>V</u> | Mike Jo | nes | | Sh 5 | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | | TA P M | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s | LORING T. 10 | |
| 1) Change | PT | | ARSHAD A JANJUA | 7500 NW 2 | _ | |
| Add Remove | | | | MIAMI, FL | 33147 | |
| 2) Change | DS | | SARERAZ JANJUA | 1470 NE 12 | 23rd ST #PH5 | |
| Add | | | | MIAMI, FL | 33161 | |
| Remove 3) Change | PDT | _ | JAMAL AL SOUDI | 19215 NE | 18th AVE | |
| Add Remove | | | | MIAMI, FL | 33179 | |
| 4) Change | | _ | | | | |
| Remove 5) Change | | _ | | | | |
| Add | | | | | | |
| 6) Change | | | | | | |

Remove

| E. If amending or addi | ng additional Articles, enter change(s) here: | 14 SEP SECRE TALLARY |
|------------------------|------------------------------------------------------------------------|----------------------------|
| (Attach additional she | eets, if necessary). (Be specific) | |
| N/A | | |
| | | TE 3 |
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| | | 502 |
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| F. If an amendment pr | ovides for an exchange, reclassification, or cancellation | of issued shares, |
| provisions for impl | ementing the amendment if not contained in the amend le, indicate N/A) | ment itseit: |
| N/A | , | |
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| The date of each amendment(s) adoption: 08/08/2014 | , if other than th |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (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): | 4 |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | SEP T |
| by | CT (|
| (voting group) | 11 |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | PH to 10 |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | 0 |
| Dated August 08, 2014 | |
| Signature | |
| (By a director, president of 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) | |
| JAMAL AL SOUDI | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |