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SECRETARY OF STATE FALLAHASSEE, FLORIDA

MOV 15 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MMA GRO	CERY, INC.	
DOCUMENT NUMB	ER: P0900007777	2	
	of Amendment and fee are su		
THE CHCIOSED ATTRETES	y Amenament and ice are su	bilitted for fitting.	
Please return all corres	pondence concerning this mat	tter to the following:	
	MOHAMMAD A H	HOSSAIN	
		Name of Contact Persor	
	MMA GROCERY	, INC.	
-		Firm/ Company	
	5852 SOUTH OR	ANGE AVENUE	• •
•	<u> </u>	Address	
	ORLANDO, FL 3	2809	
		City/ State and Zip Code	
	E-mail address: (to be us	ed for future annual report	notification)
	,		, ,
For further information	concerning this matter, pleas	e call:	
	A HOSSAIN	407	055 0000
-			855-9320
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle
,			issee, FL 32301

Articles of Amendment to Articles of Incorporation of

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to

MMA GROCERY, INC.		SEGRETARY OF ST TALLAHASSEE, FLO
(Name of Corporation as currently filed with the Flo P0900077772	rida Dept. of State)	TALLAMASSEE, FLO
(Document Number of Corporation (if h	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts t	he following amendment(
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation r	" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address:	-	<u>he</u>
Name of New Registered Agent MOHAMMAD A		
5852 SOUTH OF		
(Florida stree	•	200
New Registered Office Address: ORLANDO (City)	, Florida 328	lip Codé)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi M: Awd Agent's Signature of New Registered Agent:	RID	e position.

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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MOHAMMAD M RAHMAN	456 W OAK RIDGE ROAD
Add			204
Remove			ORLANDO, FL 32809
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Áđd			
Remove			
5) Change			
Add			
Remove			
6) Change			
			·
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	
I/A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
, ,	

The date of each amendment((s) adoption: 17/00/2013	_, if other than the
date this document was signed.	11/06/2013	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_11/0	6/2013	
Signature		_
	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	MOHAMMAD A HOSSAIN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	