P09000090624

| (Re | equestor's Name) | |
|-------------------------|-----------------------|--------|
| (Ac | ldress) | |
| (Ac | Idress) | |
| (Ci | ty/State/Zip/Phone #; |) |
| PICK-UP | WAIT | MAIL |
| (Bı | isiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATIONS
ON OF CORPORATIONS
10 FEB 18 PM 3: 00

Amend C.COULLIETTE

FEB 1 8 2010

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | ₩ |
|---|--|
| SUBJECT: C.K. MART. INC. | ane of Corporation |
| DOCUMENT NUMBER: P09000090 | 624 |
| The enclosed Articles of Correction and fe | e are submitted for filing. |
| Please return all correspondence concernin | g this matter to the following: |
| Jose A. Martinez Name of Contact Person | |
| Firm/Company | |
| 1855 WEST 60 STREET APT. 322 | |
| HIALEAH, FL 33012-7517 City/State and Zip Code | |
| E-mail address: (to be used for future annual re | port notification) |
| For further information concerning this ma | itter, please call: |
| Jose A. Martinez Name of Contact Person | at (786) 8561 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amou | ınt: |
| ✓ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status |
| ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy |
| 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 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2010

JOSE A. MARTINEZ 1855 WEST 60 ST APT 322 HIALEAH, FL 33012-7517

SUBJECT: C.K. MART. INC. Ref. Number: P09000090624

We have received your document for C.K. MART. INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

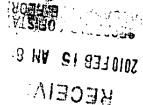
You can make the address change by sending us an email with this information or just make the change on the annual report which is available online at www.sunbiz.org.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 510A00001823



Articles of Amendment Articles of Incorporation

C.K. MART. INC.

| (Name of Corporation as currently filed with t | he Florida Dept. of State) |
|---|--|
| P09000090624 | |
| (Document Number of Corporati | on (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| ř | The new |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa | orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | 3340 NW 4TH STREET |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 33125 |
| | OFEB OFEB |
| C. Enter new mailing address, if applicable: | B OF ATT |

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: | | |
|--------------------------------|-------------------|------------|
| New Registered Office Address: | (Florida street d | 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

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address_ Type of Action Title <u>Name</u> ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

| The date of each amendment(s) adoption: FEBRUARY/ 09/ 2010 | | |
|--|--|--|
| | (date of adoption is required) | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. | |
| | ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval | |
| by | <i>,</i> | |
| | (voting group) | |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder | |
| Signature _ (B se | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | JOSE A. MARTINEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |