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SECRETARY OF STAFE TALLAHASSEE, FLORIDA

AUG 1 0 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: President Superma	irket No. 25. Inc.	
DOCUMENT NUME	P10000001061		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ana V. Rodriguez		
		Name of Contact Person	n
	Presidente Supermarkets		
		Firm/ Company	
	55 N Hibiscus Drive		
		Address	
	Miami Beach, FL 33139		
		City/ State and Zip Cod	e
anav(c	ýpresidentesupermarkets.com	1	
	<u> </u>	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Ana V. Rodriguez		305 at (607-6218
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	hing Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

President Supermarket No. 25, Inc.

r resident Supermarket No. 25, tile.		<u> </u>
(Name of Corporation	n as currently filed with the Florida Dept. of State)	111
P10000001061		
(Documen	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida State Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amen	ndment(s
A. If amending name, enter the new name of the corp	poration:	\\
Presidente Supermarket No. 25, Inc.	The	new
1.0	"corporation," "company," or "incorporated" or the abbrevion of "Inc," or "Co". A professional corporation name must containable bbreviation "P.A."	- 11
Principal office address MUST BE A STREET ADDR	RESS)	_
		
		_
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		_=
		H
	=	
 If amending the registered agent and/or registered new registered agent and/or the new registered off 		<u>></u>
Name of New Registered Agent		1
rame of then registered rigeri		
	(Florida street address)	
None Descriptions LOGO to Chlorens	, Florida	
New Registered Office Address:	(City) , r tortida (Zip Code)	
	тспу) тар соае)	
New Registered Agent's Signature, if changing Regist	stered Agent: am familiar with and accept the obligations of the position.	
постоя чесерь те аррининет аз гединется адет. Та	an jamma win und accept the obligations of the position.	
Signatu	ture of New Registered Agent, if changing	

address of each Offic (Attach additional she Please note the officer, P = President; V = Vid Executive Officer; CF held, President, Treas, Changes should be no a change, Mike Jones Mike Jones, V as Remo	er and/or I ets, if neces /director tit ce Presiden (O = Chief urer, Direct ted in the fo leaves the o	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= D Financial Officer. If an officer/directo or would be PTD. bllowing manner. Currently John Doe	of each officer/director being removed and to irector; TR= Trustee; C = Chairman or Cleri or holds more than one title, list the first lette is listed as the PST and Mike Jones is listed as T and S. These should be noted as John Doe, I	k; CEO = Chief er of each office s the V. There is
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>	Name	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 7				
6) Change				
Add				

__ Remove

A	al sheets, if necessary).	. (Be specific)			
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	ent provides for an exc	change, reclassifica	<u>tion, or cancellation</u>	of issued shares,	
lf an amendm	, implementing the em	endment if not con	tained in the amend	ment itself:	
provisions fo	thing the an				
provisions for (if not app	olicable, indicate N/A)				
provisions fo (if not app	olicable, indicate N/A)				
provisions fo (if not app	dicable, indicate N/A)				
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provisions fo (if not app	olicable, indicate N/A)				
provisions fo	olicable, indicate N/A)				

The date of each amendment(s) a	doption:	, if other that
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated(16.17.19	
Signature J.L.	400 Barry	
(By a c	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Pedro O. Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	