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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Document Number)		
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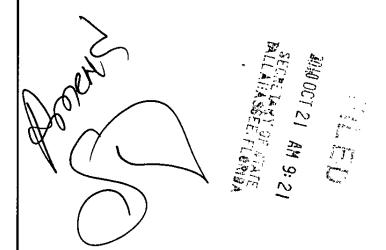
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	JUST ONE STOP SUPERMARKET INC
DOCUMENT NUMBER:	P10000080283
The enclosed Articles of Amendmen	
_	_
Please return all correspondence con	cerning this matter to the following:
	Name of Contact Person
	Firm/ Company
•	
	Address
	City/ State and Zip Code
E-mail addres	s: (to be used for future annual report notification)
	•
For further information concerning the	nis matter, please call:
	at () Area Code & Daytime Telephone Number
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:
✓ \$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

ALIGNOCI 21 AM 9:21

JUST ONE STOP SUPERMARKET INC

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

P10000080283

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the		
ame must contain the word "chartered," "pro-		
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
	<u> </u>	
<u></u>	<u>CE BUX</u>)	
. If amending the registered agent and/or i	registered office address i	n Florida, enter the name of the
	registered office address i	n Florida, enter the name of the
o. If amending the registered agent and/or i	registered office address i	n Florida, enter the name of the
). If amending the registered agent and/or in new registered agent and/or the new regi	registered office address i	
O. If amending the registered agent and/or new registered agent and/or the new reging Name of New Registered Agent:	registered office address i stered office address:	

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)

Title Address **Type of Action** <u>Name</u> Ρ LAZARO PARRONDO 2601 SW 16 TERRACE ☑ Remove MIAMI, FL 33145 ROBERTO A. RAWLINS ☐ 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)

The date of each amendment	(s) adoption:
• `	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
	OBER 18, 2010
sele	a director, presiden or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	ROBERTO A. RAWLINS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)