

P1000099241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

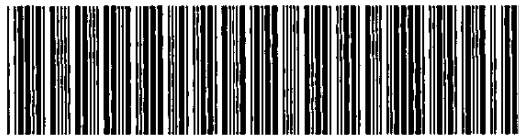
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2012 MAY 17 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RIC/Amend
5-12/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family Food Store

DOCUMENT NUMBER: P10000099241

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mamie Washington Kendall

Name of Contact Person

Mamie Washington Kendall, P.A.

Firm/ Company

341 S.E. 2nd St.

Address

Belle Glade, Florida 33430

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mamie Washington Kendall

Name of Contact Person

at (561)

992-4208

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2012

MAMIE WASHINGTON KENDALL
MAMIE WASHINGTON KENDALL, P.A.
341 SE 2ND STREET
BELLE GLADES, FL 33430

SUBJECT: BROTHERS FOOD STORE CO.
Ref. Number: P10000099241

We have received your document for BROTHERS FOOD STORE CO. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P99000105357- FAMILY FOOD STORE, INC..

The date of adoption of each amendment must be included in the document.

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 712A00013536

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 17 PM 9
NOT RECORDED
TO AGENCY OF RECORDS
SUFFICIENCY OF FILING

Articles of Amendment
to
Articles of Incorporation
of

Brothers Food Store Co.

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

P10000099241

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

5 Star Family Food Store, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

224 S.E. 3rd St.

Belle Glade, FL 33430

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Saadia S. Suliman

224 S.E. 3rd St.

(Florida street address)

New Registered Office Address:

Belle Glade

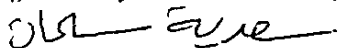
(City)

Florida 33430

(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

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 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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PRES.	Saadia S. Sulman	481 Success Avenue Bridgeport, CT 06610-24518
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Sulman S. Tambal	208 N.W. Avenue F, Apt. #2 Bella Glade, FL 33430
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Samia Sulman	224 S.E. 3rd St. Bella Glade, FL 33430
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The previous share holder Suliman S. Tambal resigns from this position as Vice President and transfers any shares in the corporation to Saadia S. Suliman and Samia Suliman

The date of each amendment(s) adoption: 5/12/12

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):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated SAMIA 5/12/12

Signature SAMIA
(By a director, president or 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)

Saadia S. Suliman

(Typed or printed name of person signing)

President

(Title of person signing)

MAMIE WASHINGTON KENDALL, P.A.
ATTORNEY & COUNSELOR AT LAW



341 S.E. 2nd St. Belle Glade, Florida 33430-3439 PH: 561-992-4208
FAX: 561-992-0338

May 15, 2012

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Brothers Food Store Co.
Ref. Number: P10000099241

Dear Sir or Madam:

Enclosed please find the Articles of Amendment with the new name.

Thank you in advance.

Sincerely,

A handwritten signature in cursive script that reads "Luisa Robinson for". The signature is written in dark ink and is positioned above the typed name.

Mamie Washington Kendall, Esquire

MWK:lr

Enclosure