

21000099241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

POLAROID

Nick Stevens  
5-217

**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 COMMERCE  
2012 MAY 17 PM 3  
FOR INFORMATION  
TO AGRICULTURE LOG  
SUFFICIENCY OF FMI

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, Florida

(City)

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.

Saadia Suliman

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 PTD 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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.	Seadia S. Suliman	481 Success Avenue Bridgeport, CT 06610-24518
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Suliman S. Tambai	208 N.W. Avenue F, Apt. #2 Belle Glade, FL 33430
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Sania Suliman	224 S.E. 3rd St. Belle 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	—	—	—

**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 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

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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 Saadia 5/12/12

Signature Saadia

(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**



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341 S.E. 2<sup>nd</sup> 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 ink, appearing to read "Mamie Washington Kendall, Esquire".

Mamie Washington Kendall, Esquire

MWK:lr

Enclosure