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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: DELICIAS SUPERMARKET CORP.				
DOCUMENT NUMBER: P11000067871				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Bone 7. Scheffin (Scheffin Low Grang P.A.				
Name of Contact Person				
DELICIAS SUPERMARKET CORP.				
Firm/ Company				
1350 EAST 4TH AVENUE				
Address				
HIALEAH, FL. 33010				
City/ State and Zip Code				
GASMIAMI@AOL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bone Z. Scheflin, ESQ. 1984, 862-2262				
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 & Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy				
enclosed) (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

To

Articles of Incorporation

Of

DELICIAS SUPERMARKET, CORP.

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

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statues, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation. 1) If amending name, enter the new name of the corporation: 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." 2) Enter new principle office address, if applicable: (Principle office address MUST BE A STREET ADDRESS) 3) Enter new mailing address, if applicable: (Mailing address MAY BE POST OFFICE BOX) 4) If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: SCHEFLIN LAW GROUP, P.A. Name Of New Registered Agent: Bonne Z Scheflin, Esquire 9900 Stirling Road, Suite #301 (Florida street address) Cooper City, Florida 33024 New Registered Office Address:

Page 1 of 4
New Registered Agent's Signature, if changing Registered Agent:

(City)

(Zip Code)

I hereby accept the obligations of the po	- / \	registered agent. I am fan	niliar with and accept the
	Signature of	New Registered Agent, if	changing
officer/director bei Director being add	ng removed an ed:	Pirectors, enter the title a d title, name, and addres	
P = President; V = Trustee; C = Chairn Financial Officer. If each office held. Pre Changes should be n PST and Mike Jones corporation, Sally S a change, Mike Jones	er/director title Vice President; nan or Clerk; C an officer/ dire esident, Treasur noted in the following is listed as the mith is named t	by the first letter of the off T = Treasurer; S = Secret EO = Chief Executive Off ctor holds more than one than ter, Director would be PTL owing manner, Currently . V. There is a change, Mike	tary; D = Director; TR = icer; CFO = Chief title, list the first letter of D. John Doe is listed as the e Jones leaves the noted as John Doe, PT as
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>	<u>Name</u>	<u>Address</u>
1)Change X_AddRemove	<u>PTD</u>	<u>Mario Fumero</u>	1350 East 4 th Avenue Hialeah, Florida 33010
2)Change <u>X</u> AddRemove	<u>VSD</u>	Solangel Fumero	1350 East 4 th Avenue Hialeah, Florida 33010
3)ChangeAddXRemove	<u>PD</u>	Cuesta, Leandro	1350 East 4 th Avenue Hialeah, Florida 33010
4)Change Add Remove			

	Page 2 of 4	
5) _	Change	
-	Add	
	Remove	
 _ 	Change	
	_Add	
_	Remove	
E	E. If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary)	(Be specific)
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F. If	an amendment provides for an exchang	e. reclassification, or cancellations of
	ed shares, provisions for implementing t	
	ndment itself:	
	ot applicable, indicate N/A)	
	,	
	N/A	
	_	
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The date of each amendment(s) adoption:		
	, if other than the date t	this document was signed.
Effect	tive date <u>if applicable:</u>	July 25, 2013
		(no more than 90 days after amendment file date)
Adop	tion of Amendment(s)	(Check One)
		s/were adopted by the shareholders. The number of votes t(s) by the shareholders was/were sufficient for approval.
0	groups. The following s	s/were approved by the shareholders through voting statement must be separately provided for each voting separately on the amendment(s):
	"The number of votes of	cast for the amendment(s) was/were sufficient for approval
		(Voting Group)
×		were adopted by the board of directors without shareholder action was not required.
		were adopted by the incorporators without shareholder action was not required.
	Dated 7-26-20	913
	Signature	
		president or other officer – if directors or officers have not
		corporator – if in the hands of a receiver, trustee, or other
	court appointed fiducia	ry by that fiduciary)
	<u>Le</u>	endro Cyesta
		(Typed or printed name of person signing)
		treident
		(Title of person signing)