P1100006787/

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SECRETARY OF STATE VLLAHASSEE, FLORIDA

C. LEWIS AUG 1 2 2013 EXAMINER

· COVER LETTER

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 Z. Scheff: (Scheffin Low Gran 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. at (954), 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:
Status Certificate of Status (Additional Copy is enclosed) \$\int_{\text{Status}}^{\text{Status}} \text{Filing Fee & Certified Copy is Certified Copy is enclosed)} \text{Certified Copy is enclosed}

Mailing Address

TO: Amendment Section

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 Taliahassee, FL 32301

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13 AUG -8 PM 3: 35

To

Articles of Amendment

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articles of Incorporation

Of

DELICIAS SUPERMARKET, CORP.

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

P11000067871

(Document Number of Corporation (if known)

	mendment(s) to its Articles of Incorporation.	es, this <i>Florida P</i>	rojit Corporation adopts
1)	If amending name, enter the new name of	the corporation	:
			The
	t be distinguishable and contain the word "col		
	ntion "Corp.," Inc.," or Co.," or the designati me must contain the word "chartered," "prof		
2)	Enter new principle office address, if appl (Principle office address <u>MUST BE A STREET</u>		
3)	Enter new mailing address, if applicable: (Mailing address MAY BE POST OFFICE	<u>BOX</u>)	
4)	If amending the registered agent and/or t Florida, enter the name of the new registe address:		
	Name Of New Registered Agent:	Bonne Z Scl 9900 Stirling	LAW GROUP, P.A. neflin, Esquire g Road, Suite #301 rida street address)
	New Registered Office Address:	•	. Florida <u>33024</u> (Zip Code)

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

New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the app	oointment as re gi	stered agent. I am famil	iar with and accept the
obligations of the posit		/	
	c 11	-	
1171	MOTH	24	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature of No	ew Registered Agent, if c	hanging
If amending the Offic		ctors, enter the title and	
-		tle, name, and address	
Director being added:		,,	
(Attached additional sh		ν)	
•		,, the first letter of the offic	e title:
•••	•	Treasurer; S = Secretar	
		= Chief Executive Office	•
		- Chiej Executive Office holds more than one titl	
•••	**	rnotas more than one thi Director would be PTD.	e, usi ine jirsi leller oj
	-		ha Don in lintad on the
	-	ng manner. Currently Joi	
		There is a change, Mike J	
•			noted as John Doe, PT as
=	v as Remove, an	d Sally Smith, SV as an A	ldd.
Example:			
X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u></u>	<u></u>	MIRO TORIOS	
X Add	<u>sv</u>	Sally Smith	
<u></u>	<u>s :</u>	Daily Dittell	
Type of Action	<u>Title</u>	Name	Address
(Check One)		<u> </u>	1144.000
1) X Change	VTD	Mario Fumero	1350 East 4th Avenue
Add	VID	Mario I uniero	Hialeah, Florida 33010
Remove			Illaican, Florida 55010
Remove			
2) X Change	SD	Solangel Fumero	1350 East 4th Avenue
Add	<u>5D</u>	Solanger Fullero	Hialeah, Florida 33010
Remove			Illaican, Fiorida 55010
Kemove			
3)Change	<u>DQ</u>	Cuesta, Leandro	1350 East 4th Avenue
X Add	<u>_FD</u>	Cuesta, Leanuro	
			Hialeah, Florida 33010
Remove			
(1) Ch			
4)Change			
Add			
Remove			

•	
_	
. •	
•	5)Change
	Add
	Remove
	6)Change
	Add
	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 cancellations of
	issued shares, provisions for implementing the amendment if not contained in the
	amendment itself:
	(If not applicable, indicate N/A)
	(i) not applicable, malcale WA)
	N/A
	D 2 . 0.4
	Page 3 of 4
	The date of each amendment(s) adoption:
	u ouer igan the gate this gocument was signed

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The date of each amendment(s) adoption:, if other than the date this document was signed. Effective date if applicable: July 25, 2013		13 AUG -8 PM 3: 35		
		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
		July 25, 2013	- TOKIDA	
	((no more than 90 days afte	r amendment file date)	
Adop	tion of Amendment(s)	(Check One)		
	The amendment(s) was/v	vere adopted by the shareho	olders. The number of votes	
	cast for the amendment(s	s) by the shareholders was/	were sufficient for approval.	
	The amendment(s) was/v	vere approved by the share	holders through voting	
	groups. The following statement must be separately provided for each voting			
	group entitled to vote sep	parately on the amendment	(s):	
	"The number of votes ca	st for the amendment(s) wa	s/were sufficient for approval	
	by		"	
	((Voting Group)		
×	The amendment(s) was/v	vere adopted by the board of	of directors without	
•		nareholder action was not re		
	The amendment(s) was/v	vere adopted by the incorpo	orators without shareholder	
	action and shareholder ac	ction was not required.		
	T 1 . 20	D 200		
	Dated July 29	0,0012		
	Signature			
	· · · · · · · · · · · · · · · · · · ·		f directors or officers have not	
			f a receiver, trustee, or other	
	court appointed fiduciary	by that fiduciary)		
	VI	MARION L	endro Cuesta	
	(Typed or printed name of	person signing)	
	 -	Tresident		
		(Title of person sig	ning)	