## P11000087173

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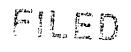
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: TRINITY FOOD S	STORE, INC.	
DOCUMENT NUMBE	P11000087173		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	V	WILLIAM VASQUEZ	
		Name of Contact Person	1
	A &	A BUSINESS SERVICES	, INC.
		Firm/ Company	
	7751 KINGS	POINTE PARKWAY, SUI	TE 125
_		Address	
	ORI	LANDO, FL. 32819	
		City/ State and Zip Cod	e
		aabusinessfl@hotmail.com	1
	E-mail address: (to be us	sed for future annual report	notification)
			. •
For further information of	concerning this matter, pleas	se call:	
William		at (	434-0235
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)
Amen	ng Address dment Section	Amend	Address iment Section
Divisi	on of Corporations	Divisio	on of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



TRINITY FOOD STORE, INC.

16 JAN 11 PM 1:29

	·····		dan samara sa da	1 0 m . a .
(Name of Corpor	ation as currently	filed with the Flox	da Dept. of State	
	P11000087173			FLORIDA
(Doc	cument Number of C	Corporation (if kno	wn)	
ursuant to the provisions of section 607.1006, Flora Articles of Incorporation:	rida Statutes, this FI	lorida Profit Corpo	pration adopts the	following amendment
. If amending name, enter the new name of the	e corporation:			
				The new
ume must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Co	o". A professiona	"incorporated" of corporation nam	or the abbreviation the must contain the
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			
If amending the registered agent and/or registered agent and/or the new register		ss in Florida, ente	r the name of the	
Name of New Registered Agent	······			
<del></del>	(Florida stree			
	(Fiorida siree	i adaress)		
New Registered Office Address:	((	City)	, Florida_	(Zip Code)
ew Registered Agent's Signature, if changing I	Registered Agent:			
hereby accept the appointment as registered agen		th and accept the o	bligations of the p	osition.
	ianatura of Nau Pag	aistanad Agant if a	hanaina	

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: 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>Addres</u> s
1) Change	VP	RITA PETER	6375 TIERRA VISTA DR
Add			LAKELAND, FL. 33813
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
······································	
or implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
EDUCE NUMBER OF SHARES FROM	
DDRESS: 6375 TIERRA VISTA DR. L	AKELAND, FL. 33813

DECEMBER 21, 2015
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 east for the amendment(s) was/were sufficient for approval
by"  (voting group)
(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.
DECEMBER 21, 2015 Dated
Signature / Hemu Lukerse
(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)
HEMA LUKOSE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)