## P11000095961

(Re	questor's Name)	<u></u>
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FAMILY DO	LLAR STORE LO	TTERY HAITI, INC		
DOCUMENT NUM	BER: P1100009596	61			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	atter to the following:			
	Silfene Pierre				
		Name of Contact Person	n		
	FAMILY DOLLAR	R STORE LOTT	ERY HAITI, INC		
Firm/ Company					
	5293 North Dixie	Highway			
		Address			
	Pompano Beach	. FL 33064			
		City/ State and Zip Cod	e		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
Silfene Pierre		at (954	, 420-9785		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the 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)		
Ma	iling Address	Street	Address		
	endment Section	Amendment Section			
	ision of Corporations	Division of Corporations			
	. Box 6327	Clifton Building			
l ali	ahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

## FAMILY DOLLAR STORE LOTTERY HAITI, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P11000095961

nt(s) to

(Document Number	of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Fl	orida Profit Corporation a	dopts the following	g amendmer
A. If amending name, enter the new name of the FAMILY DOLLAR STORE JOC		I, INC	the w	_The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co	o". A professio <mark>nal corpo</mark> r	orated" or the at ation name music	breviation ontain Re
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				V 10 A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )		FLONDA	AH 9:47
D. If amending the registered agent and/or regis		s in Florida, enter the na	me of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent			_	
	(Florida street	address)	_	
New Registered Office Address:		, Florida	1	
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)	
New Registered Agent's Signature, if changing For the Interest of the Interest of the Agent's Signature, if changing For Interest of the Inter		h and accept the obligation	ns of the position.	
Signature of	Now Registered Ace	ent 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 <math>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 Do	ne	
X Remove	<u>v</u>	Mike Jo		
A Kelliove	<u>v</u>	MIKE JU	1105	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		 
Add Remove				
Kemove				
2) Change	<del></del>		<del></del>	 
Add Remove				
3) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
6) Change		_		 
Add				
Remove				

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y noi applicable, malcule WA)		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	

The date of each amendment(s) adoption: APRIL 26, 2012		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder	
Li The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated APRIL	26, 2012	
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
<u>:</u>	SILFENE PIERRE	
	(Typed or printed name of person signing)	
<u> </u>	PRESIDENT	
	(Title of person signing)	