P11000104493

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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ALLAHASSEE FILORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	DRATION: AMIN'S GROCE	RY INC		
	IBER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	HEMANSU AMIN			
	·	Name of Contact Pers	on	
	AMIN'S GROCERY INC			
		Firm/ Company		
	530 CHENEY HWY	, ,		
		Address		
	TITUSVILLE, FL 32780			
		City/ State and Zip Co	de	
	on concerning this matter, pleas	22.		
HEMANSU AMIN	1.7	at (<u>321</u>	ode & Daytime Telephone Number	
Name	of Contact Person	Area C	ode & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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		Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AM1	IN'S	GRO	CEF	ŁY.	INC
C 3 1 4 1	כיוו	V.J.I.V.	ノしっしい		1111

(<u>Name</u>	of Corporation as curre	ently filed with the Florid	la Dept. of State)		
P11000104493					
	(Document Numbe	er of Corporation (if know	n)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006. Florida Statutes, tl	his <i>Florida Profit Corpor</i>	ation adopts the fo	ollowing amendmen	nt(s) to
A. If amending name, enter the new na	ame of the corporation:				
				Thenew	
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associal B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if applications address MAY BE A POST.	nation "Corp." "Inc." o ation," or the abbreviation if applicable: TREET ADDRESS)	r "Co". A professional	corporation name	must contain the	
D. If amending the registered agent an new registered agent and/or the new			the name of the	6V 27 PH 3	百百四日
· · · · · · · · · · · · · · · · · · ·	HEMANSU AMIN	<u></u>		3: 02	
Name of New Registered Agent	530 CHENEY HWY T	TTUSVILLE, FL 32780			
		street address)	_	_	
New Registered Office Address:		·	production		
<u>мен кезіменей Орисе найгехі</u> :		(City)	, Florida	(Ztp 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.

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 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	\underline{V}	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	P	PRAVIN M AMIN	530 CHENEY HWY
Add			TITUSVILLE, FLORIDA
X Remove			32780
2) Change	P	HEMANSU AMIN	530 CHENEY HWY
X Add			TITUSVILLE, FLORIDA
Remove			32780
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0			
6) Change			_
Add			
Remove			

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 NA)		(Be specific)
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amending the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east 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 was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ NoV-21-17	
Signatur	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	
HEMANSU AMINO (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	