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TO: Amendment Section

P.O. Box 6327

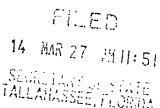
Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MARCEL GROCERY, CORP. DOCUMENT NUMBER: P12000020847 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ORLANDO MARIN Name of Contact Person MARCEL GROCERY, CORP. Firm/ Company 110 NE 2ND PLACE Address CAPE CORAL, FL 33909 City/ State and Zip Code TAXSERVICES2010@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ORLANDO MARIN 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 □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MARCEL GROCERY, CORP.	THE THEORY	
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P12000020847		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	110 NE 2ND PLACE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CAPE CORAL	
	FL 33909	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	110 NE 2ND PLACE	
	CAPE CORAL	
	FL 33909	
D. If amonding the registered agent and/on registered office add	- Plant de la contraction de l	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent	·	
(Florida st	reet address)	
	·	
New Registered Office Address: (City,	, Florida)	
	, , , , , , , , , , , , , , , , , , ,	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
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	e, 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 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>	Address
1) Change	VP	ANDRES MONTERO	1425 SW 12TH TERRACE
Add			CAPE CORAL
Remove			FL 33991
2) Change	Р	ORLANDO MARIN	135 SE 20TH STREET
Add			CAPE CORAL
Remove			FL 33990
3) Change	,		
Add			
Remove			
4) Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

`	f necessary).	es, enter change (Be specific)	<u> </u>		
					
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If an amendment provide	es for an excha	nge, reclassifica	tion, or cancellation	on of issued shares	<u>.</u>
		<u>lment if not con</u>	tained in the amer	idment itself:	
	•				
(if not applicable, in	FICATION:				
(if not applicable, in HARES RECLASSIF	-	90 %			
(if not applicable, in HARES RECLASSIF RESIDENT - ORLAN	NDO MARIN		0/		
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	NDO MARIN		%		

The date of each amendment(s) adoption: 03/01/2014	, if other than the
date this document was signed.	— ·
Effective date if applicable: 03/01/2014	
(no more than 90 days after amendment file date)	
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 cast 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.	
Dated 03/21/2014	
Signature // / lucc	
(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)	
ORLANDO MARIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_