## P12000015226

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100306438931

12/15/17--61004--629 \*\*35.00

289 OFC 15 AM 9: 24

DEC 1 9 2017 C MCNAHR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LUCKY MARKE	T CORP	
DOCUMENT NUME			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YOUSEF, ABDELHAMID S	S	
		Name of Contact Person	1
	LUCKY MARKET CORP		
		Firm/ Company	
	1129 W 68 ST	. ,	
		Address	
	HIALEAH, FL 33014		
	<del></del> ,	City/ State and Zip Cod	e
hamed	ed.sam4@gmail.com		
<del></del>	E-mail address: (to be u	sed for future annual report	notification)
Car farthar information	r concerning this matter, plear	sa calle	
Por further information	concerning this matter, piear	se can:	
YOUSEF, ABDELHAMID S		786 at (	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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



## (Document Number of Corporation (if known) Pursuam to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 De	<u>ne</u>	
X Remove	$\underline{v}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP	_	MUQEDI, NADIM J	1129 W 68 ST
Add				HIALEAH, FL 33014
X Remove				
2) Change				
Add				
Remove				
3 ) Change		_	***************************************	
Add				<del> </del>
Remove				
4) Change		·		
Add				
Remove				
5) Change				<del></del>
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
NA: THIS AMENDMENT ONLY TO REMOVE NADIM MUQEDI FROM THE CORPORATION.			
F. 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 N/A)			
NA			

	12/11/2017
The date of each amendment(s) add date this document was signed.	ption:, if other than
uate inis document was signed.	:7
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as rement of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	wed by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
PRESIDENT by	,,
·//	(voting group)
action was not required.	ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder
·	= -11-17
(By a <del>dir</del> selected.	ctor, 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 I fiduciary by that fiduciary)
Y	OUSEF, ABDELHAMID S
-	(Typed or printed name of person signing)
F	resident
••	(Title of person signing)