P13000012647

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FARM FOOD STORE, INC						
DOCUMENT NUMBER: P13000012647						
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:				
	THAMARA PEREZ					
•		Name of Contact Person	<u> </u>			
	TABADESA ASSOCIATES					
•		Firm/ Company				
	419 W 49TH ST SUITE 111					
•		Address				
	HIALEAH, FL					
-	•	City/ State and Zip Cod	e -			
TAM	MYP@TABADESA.COM					
	_	sed for future annual report	notification)			
			,			
For further information	concerning this matter, pleas	se call:				
THAMARA PEREZ		at (305	558-0622			
Name o	f 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 & 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as curr	rently filed with the Florida Dept. of State)	مسر
P13000012647		٠
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the follow	ing amendme
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
		The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name mus	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		
Name of New Registered Agent		_
		_
(Florid	la street address)	
New Registered Office Address:	, Florida, Zi	p Code)
	(5,1)	p 00 00
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili		1.
Signature of Ne	ew 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>oe</u>		
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Si	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	P	_	NAHIDA HOQUE	9320 SW 6 CT	
Add X Remove				PEMBROKE PINES, FL 33025	
2)* Change	P	- <u>-</u>	MOHAMMAD KHALED.	9320 SW 6 CT	
X Add				PEMBROKE PINES, FL 33025	
Remove					
3) Change					
Add					
Remove				<u> </u>	
4) Change		-			
Add					
Remove					
5) Change		-			
Add					
Remove					
6) Change					
Add					
Domesia					

Attach additional sheets, if necessary).	(Be specific)
	
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an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an and an and an and an an and an an and an and an an an and an
rovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

• ,	02/07/2013	
The date of each amendment(s)	adoption;	, if other than the
date this document was signed.		
	2/06/2013	
Effective date if applicable:	(no more than 90 days after an	nendment file date)
Note: If the date inserted in thi document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vor sufficient for approval.	tes cast for the amendment(s)
	pproved by the shareholders through voting gro for each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareh	nolder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholde	er action and shareholder
12/14/20 Dated	16	
Signature	nohommad Khale	d
	director, president or other officer - if director	
	ted, by an incorporator – if in the hands of a rec inted fiduciary by that fiduciary)	ceiver, trustee, or other court
	MOHAMMAD KAHLED	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing	ng)