## P1388612647

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: FARM FOOD S	TORE, INC	
DOCUMENT NUMBER: P13000012647		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
THAMARA PEREZ		
	Name of Contact Pe	rson
TABADESA ASSOCIATI	ES .	
<del></del>	Firm/ Company	
419 W 49TH ST, STE 111	Time Company	
	Address	
HIALEAH, FL 33012		
	City/ State and Zip C	Code
TAMMVB@TABABESA COM		
TAMMYP@TABADESA.COM	used for future annual rep	V
E-man address: (to be	used for future annual rep	ort notification)
For further information concerning this matter, ple	ease call:	
THAMARA PEREZ	at (	558-0622
Name of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida D	epartment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Clif	eet Address endment Section ision of Corporations fon Building 1 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FARM FOOD STORE, INC.

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P13000012647	
(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 following amendment(s) t
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 must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Regional Control of the Control of t
	$\frac{x}{z} \rightarrow \frac{x}{z}$
C. Enter new mailing address, if applicable:	Harman III
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<u> </u>
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office add	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Piorid	la street address)
<u>New Registered Office Address:</u>	, Florida (Citv) (Zip Code)
l	(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
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:

 $P = President; V \approx Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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	<u>V</u>	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	MOHAMMAD KHALED	9320 SW 6 CT			
Add			PEMBROKE PINES, FL 33025			
X Remove						
2) X Change	P, VP	ASHIQUR R SHUBIR	194 NW 9 TERRACE, APT#304			
Add			HALLANDALE BEACH, FL 3300			
Remove						
3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<del></del>				
Add						
Remove						
6) Change						
Add						
Remove						

ritaci	h <i>additionai sh</i> e	ng additional Ar eets, if necessary).	(Be specific)				
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prov	isions for impl	ovides for an exc ementing the am le, indicate N/A)	hange, reclassif endment if not (	ication, or cancel contained in the a	lation of issued s mendment itself	hares,	
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The date of each amendment(s) adoption:, if other than the date this document was signed.
cate this document was signed.
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
by
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 7/25/17 Signature Survey
(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)
ASHIQUR R SHUBIR
(Typed or printed name of person signing)
President
(Title of person signing)