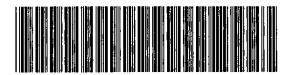
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SECRETARY OF STATES
FALLAHASSEE, FLORIDA

KAR 2 8 2016 T. LEMIEUX



COVER LETTER

Division of Corporations MAS POR MENOS SUPERMARKET CAFETERIA, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Doris D. Meneses Name of Contact Person John P. Maas, Attorney at Law Firm/ Company 44 N.E. 16 Street Address Homestead, FL 33030 City/ State and Zip Code karla24ani@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle Fusillo 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

TO: Amendment Section

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



MAS POR MENOS SUPERMARKET C	AFETERIA, INC.	2017 NAR 27 D 3: 45
(Name o	f Corporation as currently filed w	
Pi3000043537		SECRETARY OF STATE
	(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated."	ation "Corp," "Inc," or "Co". A	npany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		
D. If amending the registered agent and new registered agent and/or the new		lorida, enter the name of the
Name of New Registered Agent	KARLA ANICETO-SOTO	
	15260 SW 280 ST., SUITE 108	
	(Florida street addre	ss)
New Registered Office Address:	HOMESTEAD	, Florida 33032
	(City)	(Zip Code)
New Registered Agent's Signature, if characteristics of the appointment as registed.		

KARLA ANICETO-SOTO

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.

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>	Name	<u>Addres</u> s
1) X Change	<u>V</u>	KARLA P. NARVAEZ	15260 SW 280 ST.
Add			SUITE 108
Remove			HOMESTEAD, FL 33032
2) Change	DP	KARLA ANICETO-SOTO	15260 SW 280 ST.
X Add			SUITE 108
Remove			HOMESTEAD, FL 33032
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

Attach <i>additi</i>	or adding additional A ional sheets, if necessary). (Be specific)				
						
						
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provisions f	ment provides for an exfor implementing the aupplicable, indicate N/A)	mendment if not c	ication, or cancel contained in the a	lation of issued si mendment itself:	nares,	
						_
	<u> </u>					

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this department of State's records.	late 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 votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Signature (By a selection)	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other continued fiduciary by that fiduciary)	
	KARLA ANICETO-SOTO	
	(Typed or printed name of person signing)	
	DIRECTOR, PRESIDENT	
	(Title of person signing)	

. . . .