PB000081001

(Re	equestor's Name)
(Ad	Idress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
1 .	Office Use Only



500267255445

12/10/14--01024--008 **35.00

14 DEC 10 ANTI: 0

DEC 15 2013 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ESTELI N. DOCUMENT NUMBER: P1300008	MINI MARKET DISCOUNT, CORP.
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
FELIC!A PEI	REZ
ESTELI MIN	Name of Contact Person I MARKET DISCOUNT, CORP.
1104 SW 1 S	Firm/ Company
MIAMI, FL 3	Address 3130
	City/ State and Zip Code
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter, p	please call:
FELICIA PEREZ	_{at (} 786 ₎ 853-1013
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee	
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

(Name of Corporation a	as currently filed with the Flo	rida Dept. of State)	<u> </u>	.
				The state of the s
(Docume	ent Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>FI</i>	orida Profit Corporation a	idopts the following a	mendment(s) (o)
A. If amending name, enter the new 1	name of the corporation:		FLOAD	1.09
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or "Co	". A professional corpor	orated" or the abbi ation name must con	ne new reviation ntain the
B. Enter new principal office address (Principal office address MUST BE A.				
C. Enter new mailing address, if app (Mailing address MAY BE A POST				
D. If amending the registered agent a		s in Florida, enter the nai	me of the	
new registered agent and/or the no	FELICIA DEDEZ			
	1104 SW 1 ST	•	••	
	(Florida street	address)	-	
New Registered Office Address		, Florida	33130	
	(City)		(Zip Code)	
New Registered Agent's Signature, if I hereby accept the appointment as regis		h and accept the obligation	ns of the position.	
	Signature of New Registered Age	ent, 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	CARLOS A. RENGIFO	1104 SW 1 ST
Add			MIAMI, FL 33130
Remove			
2) Change	PST	FELICIA PEREZ	1104 SW 1 ST
Add			MIAMI, FL 33130
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			***
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	Iditional Articles, en f necessary). (Be s			
				**
· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·
•				
· 			· · · · · · · · · · · · · · · · · · ·	
				····
		<u>at it not contained i</u>	n the amendment it	seir:
provisions for implemen				
provisions for implemen				
provisions for implemen				
provisions for implemen				
provisions for implemen				
f an amendment provide provisions for implemen (if not applicable, ind				
provisions for implemen				
provisions for implemen				
provisions for implemen				

The date of each amendment(s) addate this document was signed.	, if other than the	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_11/20/14		
Signature		
(By a di	rector, president wher officer - if directors or officers have not been	_
	I, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary of that fiduciary)	
	CARLOS A. RENGIFO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	_