P13000084043

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

Office Use Only



200257624342

03/10/14--01040--023 **35.00

14 MAR 10 AH 8: 31
SECRETARY OF STATE
TALLAHASSEF FLORES.

MAR 1.2 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Marvin's Mart Inc P13000084043 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Edwin Shepherdson** Name of Contact Person Sentinel CFO Sources LLC Firm/ Company PO Box 555 Address Odessa/FL/33556 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edwin Shepherdson Name of Contact Person 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

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

The state of the s

14 MAR 10 AM 8: 31

Marvin's Mart Inc

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

SEGRETARI OF STATE TALLAHASSEE, FLORIDA

P13000084043	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
, <u></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 addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	and address)
New Registered Office Address: (City)	, Florida (Zip Code)
(Cusy	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered As	gent, 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.

<u>X</u> 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)	Title	Name	<u>Addres</u> s		
1) Change	Р	Marvin Alashker	18232 N Hwy 301		
Add			Dade City, FL 33523		
Remove					
2) Change	Р	Wesam Alashker	18232 N Hwy 301		
Add			Dade City, FL 33523		
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	····				
Add					
Remove					
6) Change					
Add		- ,			
Remove			-		

	heets, if necessary).	ticles, enter change(s) here: (Be specific)
an amendment p	rovides for an excl	change, reclassification, or cancellation of issued shares,
ravisians far imm	olementing the ame ble, indicate N/A)	endment if not contained in the amendment itself:
(if not applical		
(if not applicat		
(if not applicat		
(if not applical		

The date of each amendment(s) adoption: $\frac{10}{11}$ do 13	_, 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 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 (voting group)	
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	
Signature / #/	
(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)	
(Typed or printed name of person signing)	_
(Title of person signing)	_

TA MAR TO AM 8: 31
SECRETARY OF STATE