

### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000158201 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : I20040000149

Phone : (561) 478-1777

Fax Number : (561)478-0567

er the email address for this business entity to be used 101 annual report mailings. Enter only one email address please.\*\* \*\*Enter the email address for this business entity to be used for fulfure

Email Address:

#### COR AMND/RESTATE/CORRECT OR O/D RESIGN MY SUPER DISCOUNT STORE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUN 29 2015

Electronic Filing Menu

Corporate Filing Menu

Help

C McNAIR

06/26/2015 15:31 FAX 5614780567

DALIA ACCOUNTING SVC

(((H150001582013)))

Articles of Amendment to Articles of Incorporation of

CATCALLA SECTIONS	159UN 26 PM 3: 13	THE O

MY SUPER DISCOUNT STORE, INC.		
(Name of Corporation as cu	rrently filed with the Florida Dept, of Sta	te)
P15000042885		
(Document Nuc	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the	o following amendment(s) t
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A professional corporation na	The new or the abbreviation me must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		<u>e</u>
Name of New Registered Agent		<u> </u>
(Flo	rida street address)	
New Registered Office Address:	, Florida	a (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		position.

Page 1 of 4

Signature of New Registered Agent, if changing

## (((#15000 158201 3)))

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	Address
1)Change	VP	NATASHA TORO	14930 LADY VICTORIA BLVD
X Add			ORLANDO, FL 32826
Remove			
2) Change			
Add		•	
Remove			
3)Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
Sh. Chamas			
5)Change	-		
Add			
Remove			
6)Change			
Add			
Damous			

Page 2 of 4

## (((#15000158201 3)))

ttach additional sheets, if necessary).	(Be specific)
<del> </del>	
an amendment provides for an exchange an exchange and a second a second and a second a second and a second a	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

# (((LH 150001582013)))

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)	<del></del>
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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.	
06/26/2015	-
Signature & Duelly J. Welly.	<del></del>
(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)	
Cindy Lopera	
(Typed or printed name of person signing)	
Presidenth	
(Title of person signing)	<del></del>