P15000042885

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MY SUP	ER DISCOUNT STORE, INC
DOCUMENT NUMBER: P1500004288.	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
CINDY LOPERA	
	Name of Contact Person
MY SUPRE DISCO	DUNT STORE, INC
	Firm/ Company
2212 JOG RD	This company
	Address
GREENACRES FL	. 33415
	City/ State and Zip Code
elmaosis@gmail.com	
E-mail address	: (to be used for future annual report notification)
For further information concerning this ma	itter, please call:
CINDY LOPERA	at (561) 329-1680 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of	
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

MY SUPER DISCOUNT STORE, INC.

(Name of Corporation as current	ntly filed with the Florida Dept. of State)
15000042885	
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	The new
mme must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	2212 JOG RD
Principal office address <u>MUST BE A STREET ADDRESS</u>)	GREENACRES FL 33415
. Enter new mailing address, if applicable:	2212 IOC PD
(Mailing address MAY RE A POST OFFICE ROX)	2212 JOG RD
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	GREENACRES FL 33415
(Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	GREENACRES FL 33415 Idress in Florida, enter the name of the
. If amending the registered agent and/or registered office ad	GREENACRES FL 33415 Idress in Florida, enter the name of the
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	GREENACRES FL 33415 Idress in Florida, enter the name of the
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	GREENACRES FL 33415 Idress in Florida, enter the name of the ess:

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)	Title	Name		<u>Addres</u> s	
1) Change	VP	NATASHA	TORO	14930 LADY VICTORI	A BLVD
Add				ORLANDO FL 32826	
X Remove				-	····-
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	cles, enter change(s) here: (Be specific)
	
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16	and a sleep Continuous consultation of insurat charge
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

10/05/2015	, if other than the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
10/05/2015	
Effective date if applicable:	
(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will 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 by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the am	iollowing statement endment(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 action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and 	
action was not required.	
10/07/2015 Dated	
Signature Cively S. Lopeon	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
CINDY LOPERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	