P/5000 44748

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nai	me)
(Do	cument Number))
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2013 SEP 12 P 2: 38

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: 4 BROTHE	RS FOOD MAR	RT, INC.
	BER: P1500004474		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	TIM A. HAMED,	CPA	
	TIM A. HAMED,	Name of Contact Person	on
	15310 AMBERLY	Finn/ Company Y DR., STE 250	
	TAMPA, FL 3364	Address	
		City/ State and Zip Coo	le
<u>tim</u>	hamed@yahoo.co E-mail address: (to be us	OM sed for future annual repor	notification)
For further information	n concerning this matter, pleas	se call:	
TIM A. HAME	ED, CPA	at (813	₎ 514-2905
Name o	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

4	BRO	THERS	FOOD	MART.	INC
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(Name of Corporation as currently filed with the Florida Dept. of State) P15000044748 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:

A. If amending name, enter the new na	ıme of the corporatio	<u>n:</u>	
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A professione	"incorporated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable:	N/A	
	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent an	d/or registered office	address in Florida, ente	er the name of the
new registered agent and/or the new Name of New Registered Agent	AYAH FARO		
	4227 WILLIA	MS ROAD	
	(Flori	da street address)	
New Registered Office Address:	TAMPA		Florida 33610
	1	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe Signature, if cl	ered agent. 1 am fami		obligations of the position.

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 <math>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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
1) Change	Р		ALAA FAROUN	4227 WILLIAMS ROAD		
Add				TAMPA, FL 33610		
Remove						
2) Change	Р	<u>_</u>	AYAH FAROUN	4227 WILLIAMS ROAD		
Add				TAMPA, FL 33610		
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add				·		
Remove						
5) Change						
Add		_				
Remove						
6) Change		_				
Add						
Remove						

'	nending or adding additiona The additional sheets, if necess	ary). (Be specific)	mee(s) nere.		
I/A					
					
		····			
	, ,				
prov	amendment provides for an visions for implementing the (if not applicable, indicate N	amendment if not	ication, or cancell contained in the ar	ation of issued shar nendment itself:	es.
		<u></u>			
	·				
					<u></u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(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)	
(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 09/06/2016	
Signature Alas foresa	_
(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)	
ALAA FAROUN	
(Typed or printed name of person signing)	_
PRESIDENT	

(Title of person signing)