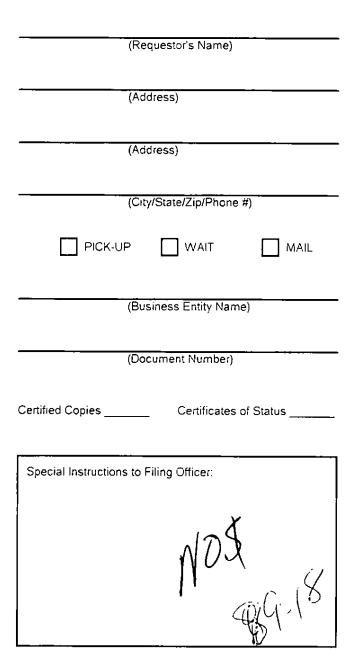
P15000047529



Office Use Only

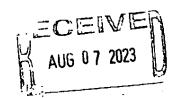


600412157106

10/02/23--01004--001 **35.00









FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2023

WANDA L. REEVES 501 GOODLETTE ROAD SUITE B204 NAPLES, FL 34102

SUBJECT: ONUR MINI MARKET INC

Ref. Number: P15000047529

We have received your document for ONUR MINI MARKET INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Shaunteria Cobbs Regulatory Specialist II

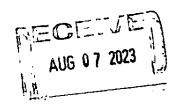
Letter Number: 023A00019792

SEP 18 2023

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: ONUR MINI MA | RKET, INC. | | |
|------------------------|---|--|---|-----------------------|
| | IBER: P15000047529 | | | |
| | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | |
| | WANDA L. REEVES | | | |
| | | Name of Contact Perso | n | |
| | ACCOUNTING & CLERIC | AL BY REEVES & ASSO | CIATS, INC. | |
| | | Firm/ Company | | |
| | 501 GOODLETTE ROAD, S | • • | | 7023 |
| | | Address | | SH 'S |
| | NAPLES, FLORIDA 34102 | 2 | | 2023 SEP 18 AM 10: 52 |
| | | City/ State and Zip Cod | e | 0 |
| | WANDAACDAGVAHOO | COM | | Service E |
| | WANDAACRA@YAHOO. | sed for future annual report | | r. 5 |
| | is-man address. (to be us | sed for future annual report | (notification) | 52 113 |
| For further informati | on concerning this matter, plea | se call: | | · |
| SAVAS OZTURK | | at (| 580-7449 | |
| Name | e of Contact Person | Area Co | de & Daytime Telephone Nur | nber |
| Enclosed is a check t | for the following amount made | payable to the Florida Dep | artment of State: | |
| ■ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| An Di P.C | ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314 | Ameno Divisio The C | Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 |) |



Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ONUR MINI MARKET, INC.

| (Name of Corporation as cu | rrently filed with the F | lorida Dent, of State | <u> </u> | | |
|--|-----------------------------------|---|--------------------|---------------|------------|
| P15000047529 | | orida Dept. or Blan | <u>c</u>) | | |
| (Document Nun | nber of Corporation (if k | nown) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation: | s, this <i>Florida Profit Cor</i> | poration adopts the | following | amend | lment(s) t |
| A. If amending name, enter the new name of the corporation | on: | | | | |
| | | | | The r | tew. |
| name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation | 0 . A professional cor | orporated" or the ab poration name mus | hemiation | · '''/''a | |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | · - | | | _ |
| | | | -, | <u> </u> | _ |
| | | | <u></u> , | 23 | |
| C. Enter new mailing address, if applicable: | | | <u></u> - | 野 | و د د |
| (Mailing address MAY BE A POST OFFICE BOX) | - | · | | | 72122 |
| | | | 3 | 179 | 177 |
| | · | | - (), - | = | |
| | | | | _ | _ |
| D. If amending the registered agent and/or registered office | e address in Florida, en | ter the name of the | | 2 | |
| new registered agent and/or the new registered office ad | ldress: | | | | |
| Name of New Registered Agent | | | | | |
| | | | | | |
| (Flor | ida street address) | | | | |
| New Registered Office Address: | | *** | | | |
| Service on Office Than (53). | (City) | , Florida_ | (Zip Ca | ode) | _ |
| | · | | (=,) | , | |
| | | | | | |
| New Registered Agent's Signature, if changing Registered A | Agent: | | | | |
| hereby accept the appointment as registered agent. I am fam | iliar with and accept the | obligations of the po | osition. | | |
| | | | | | |
| | | | | | |
| Signature of N | New Registered Agent, if | changing | | | |
| Check if applicable | • | ••• ••• | | | |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 | (11) (e) ES | | | | |

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 Doc 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 | $\overline{\text{PT}}$ | John Doc | |
|----------------------------|------------------------|----------------------|--------------------------|
| 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 | HALIL IBRAHIM GUNGOR | 1210 WILDWOOD LAKES BLVD |
| X Add | | | NAPLES, FLORIDA, 3410 |
| Remove | | | 3 SE |
| 2) Change | VP | SAVAS OZTURK | 3719 RECREATION LANE |
| Add | | | NAPLES, FLORIDA 34116 |
| X Remove Change | | | 52 |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be specified) | pecific) | | | |
|---|--|---------------------------------|--------------|----------------------------|
| | | | | |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | - | |
| | | - | | - |
| | | | | • |
| | | ر: شابسه سابسه | 1023 | |
| | | | SEP | را لا محد وم |
| | | | 18 | |
| | | 98.E | AH 10: | |
| | | | ~ <u>~</u> | |
| | | | -N- | |
| | | - | | |
| | | | | |
| | | | | |
| | | | | |
| F. If an amendment provides for an exchange, re | eclassification, or cancellation of issued shares, | | | |
| provisions for implementing the amendment (if not applicable, indicate N/A) | it not contained in the amendment itself: | | | |
| ARTICLE IV: | | | | |
| RECLASSIFY 50 SHARES OF STOCK FROM S. | AVAS OZTURK TO HALIL IBRAHIM GUNGOR | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | | _ | |

| • | The date of each amendment(s) adoption: date this document was signed. | | , if other than th |
|---|--|--|--|
| | 09/01/23 Effective date <u>if applicable</u> : | | |
| | (no more th | an 90 days after amendment file date | ?) |
| | Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record | pplicable statutory filing requirements. | nts, this date will not be listed as the |
| | Adoption of Amendment(s) (CHECK ONE) | | |
| | ☐ The amendment(s) was/were adopted by the incorporators action was not required. | , or board of directors without sharel | nolder action and shareholder |
| | The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval. | The number of votes cast for the an | nendment(s) |
| | ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled | d to vote separately on the amendme | ng statement nt(s): |
| | "The number of votes east for the amendment(s) was | s/were sufficient for approval | |
| | by(voting group) | | 202 . |
| | (vonng group) | | 7023 SEP |
| | 08/02/2023 | | |
| | Dated | | 6 |
| | | | AM IO |
| | Signature Adjunctor president or other | officer - if directors or officers have | 5 |
| | selected, by an incorporator – if i appointed fiduciary by that fiduci | n the hands of a receiver trustee or | |
| | SAVAS OZTURĶ | | |
| | (Typed or prin | ted name of person signing) | |
| | VICE- PRESIDENT | | |
| | | | |