19150000075531

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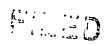
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: CARRABELLI	HOMETOWN DELI, INC	C.
DOCUMENT NU	MBER: P15000075831		
The enclosed Articl	es of Amendment and fee are s	ubmitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	MAHER ELKHATTEEB		
		Name of Contact Perso	on
	CARRABELLE HOMETOWN DELI, INC.		
		Firm/ Company	
	3194 WOODVALLEY RD).	
	Address		
	PANAMA CITY, FL 32405		
		City/ State and Zip Coo	le
	MELKATTEEB@GMAIL	.СОМ	
	E-mail address: (to be u	sed for future annual repor	t notification)
For further informat	ion concerning this matter, plea		、527-7427
Name of Contact Person		at (at (ode & Daytime Telephone Number
Enclosed is a check	for the following amount made		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CARRABELLE HOMETOWN DELI, INC.			2022 APR 25	Ditto
(Name of Corporat	ion as currently filed	with the Florida	Dept. of State)	11115.12
P15000075831			TALI : 13	. LO ME
(Docur	nent Number of Corp	oration (if known)		reality in the second
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Floria</i>	la Profit Corporat	ion adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbro	" or "Co". A prof.	ny," or "incorpora essional corporat	ated" or the abbi ion name must	reviation "Corp "
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>		····	- ·	
			· - · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
				
). If amending the registered agent and/or register new registered agent and/or the new registered	red office address in office address:	Florida, enter th	е пате of the	
Name of New Registered Agent				
				
	(Florida street add	ress)	 	
New Registered Office Address:			, Florida	
	(City)			(Zip Code)
Name of New Registered Agent	(Florida street add	ress)	, F	lorida
				•
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with an	d accept the oblice	ations of the pos	ition
3	- yun	= accept the ootig	anons of the pos	uon.
C:	thong of March Barrier		 	
Signa	tture of New Register	ed Agent, if chang	ing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
<u>-</u>			
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	MAHER AL-KHATEEB	3167 WOOD VALLEY RD
Add			PANAMA CITY
X Remove			FL 32405
2) Change	VP	MAHER ELKHATTEEB	3167 WOOD VALLEY RD
X Add			PANAMA CITY
Remove 3) Change			FL 32405
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here: (Be specific)
···	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,,,	

•

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors wit	hout shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cas officient for approval.	t for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	oval
by		,,
, <u> </u>	(voting group)	 :
APRIL 2 Dated	0, 2022	
	2 marker	
selecte	rector, president or other officer – if directors or of l, by an incorporator – if in the hands of a receiver, ed fiduciary by that fiduciary)	ficers have not been trustee, or other court
	MAHER ELKHATTEEB	
	(Typed or printed name of person signir	g)
	VICE-PRESIDENT	
	(Title of person signing)	