P16000038523

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: K S FOOD MART	OF ST PETE	INC	
DOCUMENT NUMBER	P16000008523			
The enclosed Articles of A	Amendment and fee are su	bmitted for fili	ng.	
Please return all correspon	ndence concerning this ma	tter to the follo	wing:	
KA	NIZ AYASHA			
		Name of Co	ontact Persor	1
_		Firm/ (Company	
719	3RD AVE S			
ST	PETERSBURG FL 337		dress	
			and Zip Code	
HARSH	A.TAS@GMAIL.COM	·	•	
 	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information co	ncerning this matter, pleas	se call:		
KANIZ AYASHA		at (,727	729-9953
Name of C	Contact Person	<u> </u>	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the	Florida Depa	urtment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	g Address ment Section of Corporations ox 6327 ssee, FL 32314		Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently filed wit	th the Florida Dept. of State)	
P16000008523			
(Docum	nent Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida P	rofit Corporation adopts the fol	lowing amendment(
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A p		must contain the
D. Enter new principal office address if applicable			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			E E
			25
			S R B
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u></u>		
D. If amending the registered agent and/or registe		orida, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent		<u> </u>	
	(Florida street address	5)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	I am familiar with and a	eccept the obligations of the pos	ition.
Sim	nature of New Registered	Agent if changing	

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MD MOSHED	7770 54TH ST N
Add			PINELLAS APRK
Remove			FL 33781
2) Change	VP	MOHAMMED SALIM	7770 54TH ST N
Add			PINELLAS PARK
Remove			FL 33781
3) Change	S	MOHAMMAD AHMED	4201 49TH ST N
Add			APT # 217
Remove			ST PETERSBURG FL 33709
4) Cha ge		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late 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 the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	1ent
"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 sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/24/2016	
Signature (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 coappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT. (Title of person signing)	
(Title of person signing)	