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(Business Entity Name)	
(Document Number)	<u> </u>
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: <u>New Golden</u>	Sparkling Supermarket INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the	following:
New Golden Spark	ling Super Market (Nc.
5600 W. Colonia	ling Super Mentet (Ne. m/Company L Driver Ste 306. Address
orlando FL	32808 late and Zip Code
E-mail address: (to be used for function for further information concerning this matter, please call:	DG Mail (OM ire annual report notification)
	at (407) 440-2228 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certi	5 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status tional copy is Certified Copy sed) (Additional Copy is enclosed)
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

Articles of Incorporation of

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Plan.		
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(Name of Corporati	ion as currently filed with the Florida Dept. bestate
T \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ment Number of Corporation (if khowh) www. with the CAPCA
tursuant to the provisions of section 607,1006, Florid is Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the co	orporation:
ame must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
3. Enter new principal office address, if applicabl Principal office address <u>MUST BE A STREET AD</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ON</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFV held, President, Treast Changes should be not a change, Mike Jones	er and/or Dets, if necess director titl se Presidem O = Chief I wer, Direct ded in the fo leaves the c	Frector being added: Fary) Fary) Fary by the first letter of the of the of the of the of the of the officer. If an officer would be PTD. Howing manner. Currently	ffice title: tary; D= Director; TR ficer/director holds mo s John Doe is listed as	eer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doc		
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 Add Remove	P P	_XIA, CHAN, N	M1 11NG HONG	SGS E. HAMPTON BLVD DAKLAND GARDENS NY 11364 748 TRANQUIL TRAIL WINTER GARDEN T-L 34787
2) Change Add Remove				
3) Change Add				
4) Change Add				
Remove 5) Change Add Remove				
6) Change				

__ Add

__ Remove

f amending or adding additional Artic Attach additional sheets, if necessary).	des, enter change (Be specific)	e(s) here:	
	 -	1	
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	_ _		
provisions for implementing the ame	ange, reclassifica ndment if not con	ation, or cancellation of issued shares, nained in the amendment itself:	
(if not applicable, indicate N/A)			
	<u> </u>		
	<u> </u>		
			_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more the	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	l //were sufficient for approval
by	
by(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 5/7/19	1
Signature V.	
(By a director, president or other	officer - if directors or officers have not been
	in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduc	rary)
⋉(A ,	M / niced name of person signing)
(Typed or prin	nted name of person signing)
Presi	lent
(1	Fitle of person signing)