P16000067319

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(Address)				
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(Business Entity Name)				
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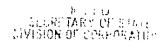
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LA RAMDA Y MALECAL SURPRIMERTET THE					
NAME OF CORPORATION: LA RAMPA Y MALECON SUPERMARKET INCOMENT NUMBER: P16000067319					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person LA Rampay Maleon Supermarket FAC Firm/ Company					
2925 NW 27 AVE Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report stotification)					
For further information concerning this matter, please call:					
Name of Contact Person at (305) 610-7715 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 OCT -4 PM 2: 05

LA Rampa y Maleco	a Supermarket FIC
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000067319	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
· NA	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	N/A
(Florida s	treet address)
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature 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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addręs</u> s
1) Change		MAURIGO ZEILIC	2926 NW 27 AVE
_X Add			2926 NW 27 AVE MIDMI, FLA 33147
Remove			·
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			· · · · · · · · · · · · · · · · · · ·
6) Change			****
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)	
	N/A	
Manufacture		
······································		
an amendment provides for an excl rovisions for implementing the ame	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	N/A	
		-

The date of each amendment(s) adoption:	Secrete IARY OF State than the		
date this document was signed.	EARDINA DIE C	foriet histi me	
Effective date if applicable:	2016 OCT -4	PM 2: 05	
(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, the document's effective date on the Department of State's records.	his date 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.	nent(s)		
The amendment(s) was/were approved by the shareholders through voting groups. The following st 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)			
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder		
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler		
Dated 09/29/2016			
Signature Lyp Park			
(By a director, president of other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe	been r court		
appointed fiduciary by that fiduciary)	Court		
Iller hander			
(Typed or printed name of person signing)			
- · _			
(Title of person signing)			