P16 0000 76837

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COVER LETTER

TO: Amendment Section

Division of Corporations SSM RETAILERS, INC NAME OF CORPORATION: P16000076837 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAMON RASHID Name of Contact Person SSM RETAILERS, INC Firm/ Company 5801 NW 27TH AVE Address MIAMI, FL 33142 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 709-9667

Area Code & Daytime Telephone Number MAMON RASHID Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

SSM RETAILERS, INC.

(Name of Corporation	on as currently filed with the Florida Dep	ot. of State)
P1600007	6837	
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation a	adopts the following amendment(s)
A. If amending name, enter the new name of the con	rporation:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A professional corpor	The new porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
(Frincipal office dadress MOSI BE A STREET ADD.	<u></u>	
		1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
		7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()	20 N
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		me of the
Name of New Registered Agent		
	(Florida street address)	·
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligation	ns of the position.
Signa	ture 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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>N'ame</u>	<u>Addres</u> s
1) X Change	s ,V	MAMON RASHID	5801 NW 27TH AVE
Add			MIAMI, FL 33142
Remove			
2) X Change	P,T	DILIP C. DAS	5801 NW 27TH AVE
Add			MIAMI, FL 33142
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		***	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
-	

f an amandmant maridan for an anal	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	MI MI

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
SEPT 20, 2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than on adopt after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	ll 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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	
by (voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
·	
09/21/2016 Dated	
Signature MAMON URashus	
(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 court appointed fiduciary by that fiduciary)	
MAMON RASHID	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	