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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: KOMPAS SUPERN	MARKET INC.	
DOCUMENT NUMBE	D16000085809	·	_
The enclosed Articles of	Amendment and fee are sub	mitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
E	DULIDES A JIMENEZ		
_		Name of Contact Person	
к	OMPAS SUPERMARKET	INC.	
		Firm/ Company	
9	10 10TH ST		
		Address	
T.	AKE PARK, FL 33403		
		City/ State and Zip Code	
ķ	COMPASSUPERMARKET(agmail.com	
_	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e cali:	
EUCLIDES A JIMENE	EZ	at (561	845-9009
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Amer Divis P.O. 1	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FU 32303

Articles of Amendment to Articles of Incorporation of

KOMPAS SUPERMARKET INC.

NOMPAS SUPERMARKET INC.		
(Name of Corporation	as currently filed with the Florida De	ot. of State)
P16000085809		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation a	adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ocration:	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc." of "chartered," "professional association," or the abbrevio	or "Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	
		
C. Enter new mailing address, if applicable:	1	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered	d office address in Florida, enter the n	ame of the
new registered agent and/or the new registered of		and of the
Name of New Registered Agent		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	(Zip Coule)
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. It	tered Agent:	ana af tha na'itinu
Thereby accept the appointment as registered agent. The	ат јатишт мин ана ассери не обидано	ons of the position.
		2021 OCT
		-1.5
Signati	ure of New Registered Agent, if changing	FILED
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.	υς ο σε
		79 - 1

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	VP	EUCLIDES A JIMENEZ	2570 BARKLEY DR E APT D
Add			WEST PALM BEACH, FL 33415
Remove 2) Change	Р	SHARFUDDIN AHMED	4021 SAN MARINO BLVD
X Add			APT 207
Remove 3) Change	P	SARFUDDIN AHMED	WEST PALM BEACH, FL 33409 4021 SAN MARINO BLVD
Add			APT #207
X Remove			WEST PALM BEACH, FL 33409
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
\qq			
Remove			

The date of each amendment(s	10/12/2021 adoption:	, if other than the
late this document was signed.		
 	0/12/2021	
enective date <u>n applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	, p	
	(voting group)	
10/12/2 Dated	021	
Signature	[Journal francis gray)	
sele	a director, president or other officer - if directors or officers have not be cted, by an incorporator - if in the hands of a receiver, trustee, or other c ointed fiduciary by that fiduciary)	
	EUCLIDES A JIMENEZ	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	

FILED 2021 OCT 13 AM 10: 40