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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: SMC Food Market Inc. DOCUMENT NUMBER: P16000097990					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Liliana Suner Name of Contact Person					
SMC Food Market Inc Firm/Company					
4901 F Colonial Drive					
Orlando, FL 32803					
City/ Stace and Zip Code					
E-mail address: (to be sed for future annual report notification)					
For further information concerning this matter, please call:					
Liliana Suner at 407, 955-3427					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation
JMC Food Market Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
816000097990
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 10007 Rateliff Ct Exhando, FL 32825
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 1901 E Colonial Drive (Florida street address)
New Registered Office Address: Orlando, Florida 32803 (City) (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 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.

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)	Title	Name	Address
1) Change	P	Jose A. Grullon	6255 Bent Pine Drive
Add			724B
X Remove		,	Orlando, FL 32822
2) Change	P	Liliana Suner	10002 Ratching et
X Add			Erlando, FL 32825
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
, Add			
Remove			
5) Change		<u> </u>	
Adđ			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
<u> </u>	
	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of issued shares, and an analysis of the angle of the an
(if not applicable, indicate N/A)	nument if not contained in the amendment Riser.
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 8/10/17	
(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.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement en
"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 shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Lilearia Dieno	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	ourt
)	
Liliana Suner	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	