## P6000098084

| (Requestor's Name)                      |      |
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| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
|   |      |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| ,                                       |      |
| Certified Copies Certificates of Status |      |
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| Special Instructions to Filing Officer  |      |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA                               | ATION:   | ARZU FOOD STORE, INC   |  |  |
|---|--|--|--|--|
| DOCUMENT NUMBI                                | (R;  | P16000098084   |  |  |
| The enclosed Articles of                      | f Amendment and fee are su                     | bmitted for filing.  |  |  |
| Please return all corresp                     | ondence concerning this mat                    | tter to the following:   |  |  |
|   |  | AZIZUNNESSA ARZI   | J  |  |
| _   |  | Name of Contact Perso  | TI .   |  |
|   |  | T & T FOOD STORE   |  |  |
| _   |  | Firm/ Company  |  |  |
|   | 19   | 75 SOUTH CONGRESS  | AVE  |  |
| _   | Address  |  |  |  |
|   | PA   | LM SPRINGS, FLORIDA  | A 33406  |  |
| _   |  | City/ State and Zip Cod  | de   |  |
|   | 1  | muntakanulteham@yahoo  | com  |  |
|   | L-mail address: (to be us                      | ed for future annual report                                      | notification)  |  |
|   | concerning this matter, pleas                  | e call:<br>954<br>at (   | 579-2615   |  |
| Name of                                       | Contact Person                                 | at (<br>Area Co  | ode & Daytime Telephone Number   |  |
| anclosed is a check for t                     | he following amount made p                     | payable to the Florida Dep                                       | artment of State.  |  |
| □ \$35 Filing Fee                             | □\$43.75 Filing Fee &<br>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) |  |
| Mailing Address                               |  |  | Address  |  |
| Amendment Section<br>Division of Corporations |  | Amendment Section Division of Corporations                       |  |  |
| P.O. 1  | Box 6327                                       | Cliftor  | Building   |  |
| Tallahassee, FL 32314                         |  | 2661 I   | Executive Center Circle  |  |

Tallahassee, FL 32301

## · Articles of Amendment

| to<br>Articles of Income<br>of   | orporation   |
|--|--|
| ARZU FOOD ST   | TORE, INC.   |
| (Name of Corporation as currently  | filed with the Florida Dept. of State)                         |
| P160000980   | 084  |
| (Document Number of C  | Corporation (if known)   |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this $F_{\ell}$ its Articles of Incorporation.   | Torida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |  |
| name must be distinguishable and contain the word "corporation,<br>"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P. | Co". A professional corporation name must contain the 💳 🦠      |
| B. Enter new principal office address, if applicable:<br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )   | - 1 92 0<br>- 3 等<br>- 2                                       |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |  |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent  | ss in Florida, enter the name of the                           |
| (Plorida stree   | et address)  |
| New Registered Office Address;(C   | , Florida  |
| New Registered Agent's Signature, if changing Registered Agent:<br>Thereby accept the appointment as registered agent—I am familiar wit  | ith 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.

| Example:<br>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) X Change                | PV           | AZIZUNNESSA ARZU | 1975 SOUTH CONGRESS AVE |
| Add                        |              |                  | PALM SPRINGS            |
| Remove                     |              |                  | FLORIDA 33406           |
| 2) Change                  | -            |                  |                         |
| Add                        |              |                  |                         |
| Remove                     |              |                  |                         |
| 3) Change                  |              |                  |                         |
| Add                        |              |                  | <del></del>             |
| Remove                     |              |                  |                         |
| 4) Change                  |              |                  |                         |
| Add                        |              |                  | ****                    |
| Remove                     |              |                  |                         |
| 5) Change                  |              | -                | <del></del>             |
| Add                        |              |                  |                         |
| Remove                     |              |                  |                         |
| 6) Change                  | <u> </u>     |                  |                         |
| Add                        |              |                  |                         |
| Remove                     |              |                  |                         |

| часн анатопиі мес                           | ts, if necessary). (E     | s, enter change(s) here:<br>Be specific) |                                       |   |
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| <del>-</del> -                              |                           | N/A                                      |                                       |   |
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|   |                           |  |                                       |   |
| an amendment prov                           | ides for an exchang       | e, reclassification, or ca               | incellation of issued s               | hares,  |
|   | <u>nenting the amendm</u> | ent if not contained in                  | the amendment itself                  | <u>.</u><br><u>•</u>                              |
| <u>rovisions for implen</u>                 | Indicate N/A)             |  |                                       |   |
| rovisions for implen<br>(if not applicable, | material (mm)             |  |                                       |   |
| <u>rovisions for implen</u>                 |                           |  |                                       |   |
| <u>rovisions for implen</u>                 |                           |  |                                       |   |
| <u>rovisions for implen</u>                 |                           |  |                                       |   |
| <u>rovisions for implen</u>                 |                           |  |                                       |   |
| <u>rovisions for implen</u>                 |                           | N/A                                      |                                       |   |
| <u>rovisions for implen</u>                 |                           | N/A                                      |                                       |   |
| <u>rovisions for implen</u>                 |                           | N/A                                      |                                       |   |
| <u>rovisions for implen</u>                 |                           | N/A                                      |                                       |   |
| <u>rovisions for implen</u>                 |                           | N/A                                      |                                       |   |
| <u>rovisions for implen</u>                 |                           | N/A                                      |                                       |   |

| •  | 03/29/2017   |                          |
|--|--|--------------------------|
| The date of each amendment(s) ac date this document was signed.          |  | , if other than the      |
| •  | 03/29/2017   |                          |
| Effective date <u>if applicable</u> :                                    | (no more than 90 days after amendment file date)   |                          |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date wpartment of State's records.   | ill not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                          |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su       | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.   |                          |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  |                          |
| "The number of votes east  | for the amendment(s) was/were sufficient for approval  |                          |
| by   | (voting group)   |                          |
|  | (voting group)   |                          |
| The amendment(s) was/were ado action was not required.                   | pted by the board of directors without shareholder action and shareholder  |                          |
| The amendment(s) was/were ado action was not required.                   | pted by the incorporators without shareholder action and shareholder   |                          |
| Dated  | 03/29/2017   |                          |
| Signature  | 534nnessa  |                          |
| (By a di<br>selected   | rector, president or other officer – if directors or officers have not been l. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | <del></del>              |
|  | AZIZUNNES <b>SA</b> ARZU   |                          |
|  | (Typed or printed name of person signing)  |                          |
|  | PRESIDENT, VICE PRESIDENT  |                          |
|  | (Title of person signing)  |                          |