P17000005312

(Reque	stor's Name)	
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(City/St	ate/Zip/Phone	 e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DEMATALA IST INC DOCUMENT NUMBER: P17000005312 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OMAR AMIREH
Name of Contact Person Tony's Market
Firm Company

Sou NW Znel Rd, Fort

Address

Fort Landerdale, Florida 333#1

City/ State and Zip Code Omav -9-6619 @ Yahoo . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 475-6619 Area Code & Daytime Telephone Number 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 Filling 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

2661 Executive Center Circle Tallahassee, FL 32301

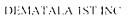
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation





(Name of Corporation as currently filed with the Florida Dept. of State)

P17000005312



(Document Number of	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)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," 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>)	800 NW 22nd Road
	Fort handerdale, F1.33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SOU NW 22nd Rd Fort Landerdale, Fl. 33311
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent Ali Abu 800 NW; (Florida st	shanab Zanal Road Treet address
New Registered Office Address: Fort Land	Verolate Florida 33311
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	Wi moha
Signature of New .	Registered Acont. 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 hold. 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: \underline{X} Change	<u>PT 10</u>	obn Doe	
\underline{X} Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ADAM ESBT IRREVOC TRUST	3249 NW 22 AVENUE
Add			MIAMI, FL 33142
X Remove			
2) Change	ρ	ALI MIID ABUSHANAB	2829 SW 17th Street
X Add	- V		Miami, F1, 33145
Remove			
3.) Change	VP_	OMAR AMIREH	4930 NW 86th Avenue
X Add			Lauderhill, FL 33351
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary)	eles, enter change(s) here; (Be specific)
	Article IX
Conveyance of interest:	
ADAM ESBT IRREVOCABL	E TRUST conveys 50% interest consisting of 250 shares at \$1,00 to
ALI MHD ABUSHANAB and conveys the	remaining 50% interest consisting of 250 shares at \$1.00 to OMAR AMIREII.
F. If an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u> (if not applicable, indicate V.1)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (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.	s 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.	ent(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
"The number of votes cast for the amendment(s) was were sufficient for approval	
by	
tvoting groups	
☐ 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_6_/2_/Signature	
Signature	
Signature (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 cappointed fiduciary by that fiduciary)	court
MAGED A. HAMAD	
(Typed or printed name of person signing)	
Trustee of the ADAM ESBT IRREVOCABLE TRUST	
(Title of person signing)	