77000015706

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
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S. PRATHER

COVER LETTER

Division of Corporations		
NAME OF CORPORATION: GARLAND GON VENIENT STORE INC. DOCUMENT NUMBER: 17000015706		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
BEN GARLAWD Name of Contact Person		
GARLAND CONVENIENT STORE INC.		
Firm/ Company		
GARLAND CONVENIENT STORE INC. Firm/ Company 595 N'W 64TH STREET # 4		
Address		
MIAMI, F2 33150 City/ State and Zip Code		
City/ State and Zip Code		
BENGARLAND 96 @ GMAIL. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
BEJ GAR LAWD at (754) 273 - 0911 Name of Contact Person Area Code & Daytime Telephone Number		
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:		
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

	ORE INC.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
117000015706	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA BET
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARRY OF STATE ORIDS
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent NA	
(Florida street	address)
New Registered Office Address: N A	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	
Signature of New Rea	vistered 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	PT BENGARLAND	595 NW 64 TH 44 MIAMI FL 33150
Add		MIAMI FL 33150
Remove		
2) Change	PT BENNAE GARLI	MIAMI, FL 33150
✓ Add		1-((/NV(), 12 39130
Remove		
3) Change		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	r adding additional Artic nal sheets, if necessary).	(Be specific)	<u> </u>		
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provisions for	ent provides for an exchar Implementing the amen plicable, indicate N/A)	ange, reclassifica adment if not con	tion, or cancellation tained in the amen	on of issued shares adment itself:	1
	1/8			· · · · · · · · · · · · · · · · · · ·	
	2/8				
	2/8				
	7/8				

Effective date if applicable: OS 10 2017 (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 date will not be listed as the document's effective date on the Department of State's records.
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" (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.
Dated 5/9/17 Dated 5/9/17 Dated 5/9/17
Signature Parlaul Ben 33 0
(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)
BEN GAR LAWD (Typed or printed name of person signing)
PRESIDENT (Title of person signing)