# P180000 3975

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### COVER LETTER

Division of Corpora	ntions				
NAME OF CORPORA	TION: L & Z U	Wholesal Ir	۱۷.		
DOCUMENT NUMBE	R: P 18000	· × 8975	·		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	Nahil	Barakat Name of Contact Person			
	30 7 4	Firm/ Company			
	2401 Su	Firm/Company  MSch Point  Address	Dr		
	·	Address			
	Lake w	ales, FL	33898		
Lake Wales, FL 33898 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Nahil	Borakal	at (863	678-3093		
Nahil Borakal at ( 863 ) 678 - 3093  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the	ie following amount made p	payable to the Florida Depa	rtment of State:		
S35 Fiting Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

#### **Mailing Address**

TO: Amendment Section

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

## Articles of Amendment to

2016	<u> </u>	-5	AHIIC:	35
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Articles of Inc. of	orporation 2016 FFC - 5 ANIC: 35
Liz whole sale	Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 1800000 8975	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
A & Z wholesale Inc	The none
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 "I	o". 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> )	
	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	N/A
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	1 address)
New Registered Office Address:	, Florida
Control of the contro	"ay) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position,
Signature of New Reg	gistered 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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change				
Add				
Remove				-
2) Change				
Add				
Remove			.10	
3 ) Change			NIT	
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		······································		
Add				
Remove				

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an amendment prov	ides for an exchang	e. reclassific	ation, or cancella	tion of issued	charec	
<u>rovisions for implen</u>	<u>renting the amendu</u>	nent if not co	ntained in the am	iendment itsel	<u>f:</u>	
(if not applicable,	indicate N/A)					
· <del>-</del> ··		<del>_</del>		<u> </u>		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 02/01/2018  (no more than 90 days after amend	
(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this 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 comby the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on a	. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	τ action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
Dated	
Signature Len en Zalbern (By a director, president or other officer – if directors or	
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	officers have not been ir, trustee, or other court
LENEN ZABEN	
(Typed or printed name of person sign	ning)
.P	
(Title of person signing)	