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C. GOLDEN APR 13 2019

COYER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 5/10	Ilden Supermarket Inc 30000 13047
DOCUMENT NUMBER: / / C	10077
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
BA.	1/bh Cardenas Name of Contact Person
(1	Traile of Collact Cosm
	Firm/ Company
	65 County Road 652
B	Address Address City/ State and Zip Code
	City/ State and Zip Code
ralph	(to be used for future annual report notification)
E-mail address:	(to be used for future annual report notification)
For further information concerning this matt	ter, please call:
Bulbb Cardar	at (813) 384 - 1061 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of \$	
lt <u>Mailing Address</u>	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations Clifton Building
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle
i diffallassee, 117,543,14	Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 APR -8 PM 2: 39

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	bildon Suk	uma	eket Inc	
	(Name of Corporation as	s currently f	led with the Florida Dept. of State)	11. 11. 1
	P 18000	00 13	3047	
•	(Document)	Number of C	orporation (if known)	
Pursuant to the provision its Articles of Incorporati		tutes, this <i>Fla</i>	orida Profit Corporation adopts the follo	wing amendment(s) t
A. <u>If amending name, e</u>	nter the new name of the corpor	ration:		
			·	The new
"Corp.," "Inc.," or, Co.,	shable and contain the word "c " or the designation "Corp," "l essional association," or the abbr	Inc," or "Co		e abbreviation ust contain the
B. Enter new principal office address, if applicable:			6015-19	
(Principal office address	MUST BE A STREET ADDRES	<u>SS</u>)	Shilden Rea	c/
			Tampa Fl	33615
l C. Enter new mailing s	iddress, if applicable:		,	
(Mailing address <u>M</u> A	Y BE A POST OFFICE BOX	•	same av	 _
			same av	
				
D. If amending the regi	stered agent and/or registered o	office address	in Florida, enter the name of the	
new registered agen	t and/or the new registered offic	e aggresa:		
Name of New Re	egistered Agent			
	((Florida street	address)	
Now Pagistand	Office Address:	•	, Florida_	
New Registered Office Address:		(Ci		Zip Code)
		1 1		
New Registered Agent's hereby accept the appoint	Signature, if changing Register	r <u>ea Agent:</u> 1 familiar witi	and accept the obligations of the position	on.
in appropriate app				
	Signature	e of New Reg	stered 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 Y Mike Jones Sally Smith X Add<u>SV</u> Address Type of Action Title Name (Check One) 1) ____ Change __ Add Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add _Remove 5) ____ Change _____ Add __ Remove

6) ____ Change

___:_ Add

__ Remove

	adding additional Articles, enter change(s) here: it sheets, if necessary). (Be specific)
Amo	nding Address as it appears an
Artic	nding Address as it appears as less of Inconformation II des inally filed, from: 7015-19 Shelder to: 6015-19 Shelder
ARIGI	inally filed, from: 7015-19 Shelder
J	to: 6015-19 Shelden.
	1
	<u> </u>
n amendmer	nt provides for an exchange, reclassification, or cancellation of issued shares.
1_1	implementing the amendment if not contained in the amendment itself; icable, indicate N/A)
ovisions tor (if not appl	icapie, inaicule NA)
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	, if other than the
date this document was signed.	
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 date will document's effective date on the Department of State's records.	I 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(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	
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 January 3 2019 Signature Magacal Typodo	
Signature Migrael Trans	
(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)	
(Typed or printed name of person signing)	<u> </u>
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	