P18000039198

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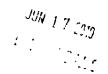




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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: AL-AQSA SUPER	RMARKET IN	C	
DOCUMENT NUMB	ER: P18000039198			
	f Amendment and fee are su	ibmitted for fili	ng.	
Please return all corresp	oondence concerning this ma	tter to the follo	wing:	
:	SHADI BADRAN			
-		Name of Co	ontact Person	n
i	Tax Financial Group LLC			
_		Firm/ C	Company	
:	2960 Vineland Rd. Ste E		' '	
_		Ad	dress	
I	Kissimmee, FL 34746			
_		City/ State	and Zip Cod	e
GREE	NSHADI@GMAILCOM			
<u></u>	E-mail address: (to be us	sed for future a	nnual report	notification)
			•	
For further information	concerning this matter, pleas	se call:		
SHADI BADRAN		at (407	
Name of Contact Person		· ·	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the l	Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street	Address
	idment Section	Amendment Section		
	ion of Corporations Box 6327	Division of Corporations Clifton Building		
r.O. i Tallal			Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

AL-AQSA SUPERMARKET INC	
(Name of Corporation as curi	rently filed with the Florida Dept. of State)
P18000039198	2019 HAY 29 P 1: 42
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment (s) to
A. If amending name, enter the new name of the corporation	<u>ı.</u>
name must be distinguishable and contain the word "corpor" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3279 OXFORD DR. KISSIMMEE, FL 34746
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office add	
Name of New Registered Agent	
(Floria	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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: X Change	<u>PT</u>	John Doe		
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) Change	P	MOHD QAMAR	8297 CHAMPIONS GATE BLVD	
Add			UNIT 236	
X Remove			KISSIMMEE, FL 33896	
2) Change	P	KHOLOUD ASSAF	508 POST OAK BLVD	
X Add			ALEXANDRIA, LA 71303	
Remove				
3) Change		<u> </u>		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			 	
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	

The date of each amendment(s)	adoption:, if other than th
date this document was signed.	
	5/01/2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
05/20/20 Dated	19
Signature	
(By a	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MOHD QAMAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)