P1800040151

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LA FAMILIA MA	RKET CORP		
DOCUMENT NUM	BER: P18000040151			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	NADIM MUQEDI			
		Name of Contact Person	n	
	LA FAMILIA MARKET CO	ORP		
		Firm/ Company		
	1505 WEST OKEECHOBEI	: RD		
		Address		
	HIALEAH, FL 33010			
		City/ State and Zip Cod	e	
		- , , -		
NAD	M.ACC@GMAIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatic	on concerning this matter, plea	se call:		
NADIM MUQEDI		at (9991119	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	iling Address	Street	Address	
Am	endment Section	Ameno	Iment Section	
	rision of Corporations		on of Corporations	
). Box 6327	Clifton Building		
1 31	lahassee, FL 32314	Z001 f	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LA FAMILIA MARKET CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P18000040151	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida 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 "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>)	
C. Enter new mailing address, if applicable:	聖を理
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	50% 50 ET
	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Name Descriptional Assessed Sciences are if abanding Descriptional Assessed	
New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. I am familia.	
Sionature 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 De	<u>ગ</u> ્	
X Remove	<u>V</u>	Mike Jo	mes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V		ALSELKHI, SAMIR	1505 WEST OKEECHOBEE RD
Add				HIALEAH, FL 33010
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
, Add				
Remove				

	rticles, enter chang). (Be specific)				
					
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		···-		-	
<u>f an amendment provides for an ex</u>	cchange, reclassific	ation, or cancell	ation of issued	shares,	
provisions for implementing the are (if not applicable, indicate N/A)	nendment if not co	ntained in the ar	nendment itself	<u>:</u>	
(i) not applicance, making 19.11					

, , <u>L</u>	11/13/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
· Effective date i <u>f app</u> lica <u>ble</u> :	1/13/2018	
interire date <u>ir appreame</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/13/2 Dated	018	
Signature		
(By selo	a director, president or other officer – if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary	
	MUQEDI, NADIM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	