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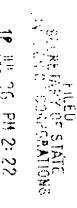
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: STUART MART INC	
DOCUMENT NUMBER: <u>P 18 0000 46416</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ELIE JOUNI Name of Contact Person	
Name of Contact Person	
STUART MART INC	
Firm/Company	
2587 SE MONPOE ST	
STUART FL 34997  City/ State and Zip Code	
C JOUNI D G. MAIL. COM	
E-mail address: (to be used for future annual report notification)	٠,
For further information concerning this matter, please call:	
Rame of Contact Person Area Code & Daytime Telephone Number	\{\text{\fight} \text{\fight}
Name of Contact Person Area Code & Daytime Telephone Number	<del>ت</del> کا
Enclosed is a check for the following amount made payable to the Florida Department of State:	<u>ن</u> چ
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	13530 • ATIOHS 1 on 2: 22
Mailing Address Street Address	
Amendment Section Amendment Section  Division of Corporations Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

		to
Articles	of	Incorporation
		of

STUARI MART INC	м-
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 10000046416	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	dment(s) to
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	ıtion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	F 27 2:
Name of New Registered Agent ELIE TOUN!	23
New Registered Office Address: JUPITEL (Cuy) . Florida	
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 Logister II 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:		, o, o		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	P	JOUNI B	ACHEL	228 Blackbird lan
Add		,		Jupitu FL
_X_ Remove	_			33458
2) Change	P	JOUNI, E	WE_	228 Blackbird Long
Add			-	Tupita FC
Remove			-	3548
3 ) Change				
Add			-	
Remove			-	
4) Change				
Add				
Remove				
5) Change			<del></del>	
Add				
Remove				
6) Change				
Add				
Remove				

If an anvendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
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The date of each amendment(s) ad-	pption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendm ficient for approval.	ient(s)
	oved by the shareholders through voting groups. The following stated with the shareholders through voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
hv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareh	rolder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholde	rr
(By a di selected	rector, president or other officer – if directors or officers have not be. by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)  Have Hanwour  (Typed or printed name of person signing)	
-	(Title of person signing)	

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