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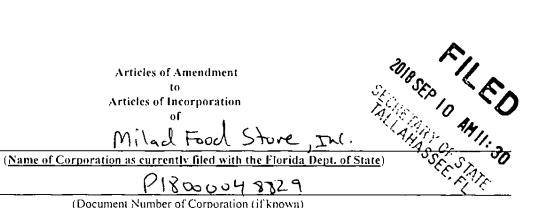
COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: M_1 DOCUMENT NUMBER: $P17$	lad Food Store, Inc.
DOCOMENT NOMBER:	1,00
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
	Brith Bac C Name of Contact Person
	Firm/ Company
	2151 University Blud 5
	Tacksonville, FL 32216 City/ State and Zip Code
	City/State and Zip Code
D	L. O
E-mail address: (t	ett @ TAXCPA IBaac TAX CPA. com o be used for future annual report notification)
For further information concerning this matte	r, please call:
Brett Ba.	Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing For Certificate of St	ee & S43.75 Filing Fee & S52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address 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 Articles of Incorporation



ent(s) to

Pursuant to the provisions of section 607.1006. Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Col</i>	rporation adopts the following amendm
A. If amending name, enter the new name of the corp	poration:	
		The nev
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"Inc." or "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)) 	
D. If amending the registered agent and/or registered	d office address in Florida, en	ter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.		obligations of the position.
	ure of New Registered Agent, ij	California de la Califo

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.

Mike Jones, V as Remov	e, and Sa	lly 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>	Address
1) Change	VP	Touri Rahal	1747 Lord Byron Lane
Add			
Remove			Jadyanv.lk, FL 32223
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A Attach additional sheets, if necessary,). (Be specific)	
, ,		
		
		
		·
		<u> </u>
		 -
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares	,
provisions for implementing the an	nendment if not contained in the amendment itself:	<u> </u>
(if not applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) acd date this document was signed.	loption: 8/29// \(\)	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required. Dated	pted by the incorporators without shareholder action and shareholder $8/29/18$	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(1) yped or printed name of person signing)	
	(Title of person signing)	