(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	<del>/</del> /
PICK-UP		MAIL
(Bu	siness Entity Name	e) 
· 	·	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	J. HC	RNE
	NOV 1	5 2022

Office Use Only

700397348957

TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-624	
Please use funds from this account: I2021 Authorization Signature:	0000160 Amount:\$35.00
Sarasota Food Bazaar Corp **	P18000065086
Business	Document #
Walk in	
Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organization	on (please stamp each page)
Certified Copy of Articles of Organizatio	on (please stamp each page)
Certificate of Status	
Certificate of Status  NEW FILINGS	<u>AMMENDMENTS</u>
Certificate of Status	
Certificate of Status  NEW FILINGSProfit	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DireChange of Registered Agent
Certificate of Status  NEW FILINGS  Profit Not for Profit	AMMENDMENTS X_Amendment Resignation of R.A. Officer/Dire Change of Registered Agent Dissolution/Withdrawal
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLP	AMMENDMENTS XAmendmentResignation of R.A. Officer/DireChange of Registered AgentDissolution/WithdrawalMerger
Certificate of Status  NEW FILINGS  Profit Not for Profit Limited Liability Domestication	AMMENDMENTS X_Amendment Resignation of R.A. Officer/Dire Change of Registered Agent Dissolution/Withdrawal
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLP	AMMENDMENTS  X Amendment Resignation of R.A. Officer/Dire Change of Registered Agent Dissolution/Withdrawal Merger Conversion
Certificate of Status  NEW FILINGS  Profit  Not for Profit  Limited Liability  Domestication  LLLP  CORP	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DireChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN  REGISTERATION/QUALIFICATIONSForeign filing
Certificate of Status  NEW FILINGS Profit Not for Profit Limited Liability Domestication LLLP CORP  OTHER FILINGS	AMMENDMENTS X_Amendment Resignation of R.A. Officer/Dire Change of Registered Agent Dissolution/Withdrawal Merger Conversion AFFIDAVID BY FOREIGN  REGISTERATION/QUALIFICATIONS
Certificate of Status  NEW FILINGS Profit Not for Profit Limited Liability Domestication LLLP CORP  OTHER FILINGS Annual Report	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DireChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN  REGISTERATION/QUALIFICATIONSForeign filingStatement of Partnership

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-624	
Please use funds from this account: 12027 Authorization Signature: Sarasota Food Bazaar Corp ** Business	10000160 Amount:\$35.00 P18000065086 Document #
Walk in Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organizati	ion (please stamp each page)
Certifica Copy of Artificies of Organization	(harman kaman kanan kana
Certificate of Status	(possession programme)
Certificate of Status  NEW FILINGS	<u>AMMENDMENTS</u>
Certificate of Status  NEW FILINGS Profit	AMMENDMENTS  X Amendment
Certificate of Status  NEW FILINGS  Profit Not for Profit	AMMENDMENTS  X Amendment Resignation of R.A. Officer/Direc
Certificate of Status  NEW FILINGS Profit	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DirecChange of Registered AgentDissolution/Withdrawal
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLP	AMMENDMENTS  _X_Amendment Resignation of R.A. Officer/Direc Change of Registered Agent Dissolution/Withdrawal Merger
Certificate of Status  NEW FILINGS  Profit Not for Profit Limited Liability Domestication	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DirecChange of Registered AgentDissolution/Withdrawal
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLP	AMMENDMENTS  X Amendment  Resignation of R.A. Officer/Direc  Change of Registered Agent  Dissolution/Withdrawal  Merger  Conversion
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLPCORP	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN OF STREET ATION/QUALIFICATIONSForeign filing
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLPCORP  OTHER FILINGS	AMMENDMENTS  _X_Amendment Resignation of R.A. Officer/Direc Change of Registered Agent Dissolution/Withdrawal Merger Conversion AFFIDAVID BY FOREIGN OF REGISTERATION/QUALIFICATIONS
Certificate of Status  NEW FILINGSProfitNot for ProfitLimited LiabilityDomesticationLLLPCORP  OTHER FILINGSAnnual Report	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN OF STATEMATION/QUALIFICATIONSForeign filingStatement of Partnership

FLORIDA CAPITAL COURIER SERVICES, INC. . . ,

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SARASOTA FOO	D BAZAAR CORP.••	
DOCUMENT NUMI	BER: P18000065086		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	T. Matthew Ladyman		
		Name of Contact Person	ı
	Nishad Khan, P.L.		
		Firm/ Company	
	1303 N. Orange Ave.		
		Address	
	Orlando, FL 32804		
		City/ State and Zip Code	
	matthew@nishadkhanlaw.com	ın	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
T. Matthew Ladyman	1	at ( <u>407</u>	228-9711
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CADACATTA	DOMAIN	11 4 7 4	ADICYM	D

(Document Number of Corporation (if known)  ursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment	SARASOTA COD DAZAAR CORES				077	
(Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following an Endment's Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." Inc." or "Co." A professional corporation name must contain the word chartered. "professional association," or the abbreviation "P.A."  Enter new principal office address if applicable: (Mailing address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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 address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (City)  (Ajp Code)	(Name of Corporatio	n as currently f	filed with the Florida De	pt. of State)	2	.77
(Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following additional statutes of Incorporation:  If amending name, enter the new name of the corporation:  The new ame must be distinguishable and contain the ward "corporation," "company," or "incorporated" or the abbreviation "Corp." Inc.," or Co.," or the designation "Corp." Inc," or "Co". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address MAY BE A POST OFFICE BOX/  If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	218000065086			工器	5	, [
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following and adment starticles of Incorporation:  If amending name, enter the new name of the corporation:  The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word chartered," "professional sociation," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)			1 (171 )			,
SArticles of Incorporation:  If amending name, enter the new name of the corporation:  The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)  Seew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(1)осито	ent Number of C	orporation (ii known)	原之	<del>-1-</del>	. : 7
The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co.," or the designation "Corp.," Inc.," or "Co.," A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address: (City) (Zip Code)	ursuant to the provisions of section 607,1006, Florida's Articles of Incorporation:	Statutes, this Flo	orida Profit Corporation	adopts the followin	g an <b>ge</b> nd	iment(s)
The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co.," or the designation "Corp.," Inc.," or "Co.," A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address: (City) (Zip Code)						
ame must be distinguishable and contain the word "corporation," "company." or "incorporated" or the abbreviation "Corp.," Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent (Florida street address)  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  Sew Registered Agent's Signature, if changing Registered Agent: the obligations of the position.	. If amending name, enter the new name of the con	rporation:			_	
ame must be distinguishable and contain the word "corporation," "company." or "incorporated" or the abbreviation "Corp.," Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent (Florida street address)  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  Sew Registered Agent's Signature, if changing Registered Agent: the obligations of the position.					77.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Cit	Inc.," or Co.," or the designation "Corp," "Inc,"	or "Co". A p	npany." or "incorporated professional corporation	l" or the abbreviation name must contai	on "Cor <sub>l</sub>	p., ''
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Cit	Estar non principal office address if applicables	•				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (City) (City) Code)  New Registered Agent's Signature, if changing Registered Agent: the appointment as registered agent. I am familiar with and accept the obligations of the position.						_
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:    Name of New Registered Agent	melpar office address most and street hob	<u>KLOO</u> /				_
. 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:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  (We Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
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:    Name of New Registered Agent   (Florida street address)   New Registered Office Address: (City) (Zip Code)						-
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:    Name of New Registered Agent   (Florida street address)   New Registered Office Address: (City) (Zip Code)						
. 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:    Name of New Registered Agent		Vi				
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)	MAT BE A FOST OFFICE BOX	<b>1</b> /				_
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Siew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						_
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Siew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		-	•			
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Siew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Siew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			on in Electric contracts a			
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	. If amending the registered agent and/or registered	<u>ed office address</u>	is in Fiorida, enter the n	ame of the		
(Florida street address)  New Registered Office Address:  (City)  (City)  (Lip Code)  Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	new registered agent and/or the new registered of	mice address.				
(Florida street address)  New Registered Office Address:  (City)  (Cit	Name of New Registered Agent	_			_	
New Registered Office Address:  (City)  (Zip Code)  [ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
New Registered Office Address:  (City)  Florida (City)  Few Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	·		<del>-</del>			
(City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(Florida street	uddress)			
(City) (Zip Code)  we Registered Agent's Signature, if changing Registered Agent:  thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Many Danietarad (Mina Addresse			Elorida		
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registerea Office Address.		ity)		Code)	_
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				•		
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	ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent. I	<mark>istered Agent:</mark> l am familiar wit	h and accept the obligation	ons of the position.		
Signature of New Registered Agent, if changing						
Signature of New Registered Agent, if changing						
Signature of New Registered Agent, if changing					_	
	Signa	ture of New Reg	istered Agent, if changing	,		
	heck if applicable					

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change <u>PT</u> John Doc X Remove <u>V</u> Mike Jones  $X \wedge dd$ <u>SV</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) VP 615 RIVIERA DUNES WAY 1) X Change Irving G. Abreu APT. 504. \_ Add PALMETTO, FL 34221 \_ Remove 231 Ferraris Street Jesus Rafael Acosta 2) \_\_\_\_ Change Copiague, NY 11726 Add \_ Remove VP Carlos Jose Ekmeiro 11048 NW 72 Terrace \_\_ Change X Doral, FL 33178 AddRemove 231 Ferraris Street Geraldine Acosta 4) Change Copiague, NY 11726 \_ Add \_ Remove Erika Castillo 11048 NW 72 Terrace 5) Change Doral, FL 33178 Add \_ Remove 6) \_\_\_\_\_ Change \_\_\_ Add Remove

	. (Be specific)	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
s	A control of Control o	
orogisions for implementing the ame	change, reclassification, or cancellation of issued shares, reclassification or cancellation of issued shares,	
	tendinent is not contained in the union direction.	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s	) adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date,	)
	is block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the air e sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Novem	per 8, 2022	
Dated		
Signature	occusioned by	
Signature   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a director, president or other officer – if directors or officers have	not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or	other court
арр	ointed fiduciary by that fiduciary)	
	Irving G. Abreu	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	