P18000065086

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(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SARASOTA FOOI	D BAZAAR CORP.	
DOCUMENT NUM	D19000065096		
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	JESUS ACOSTA		
	-	Name of Contact Persor	1
	SARASOTA FOOD BAZAA	R CORP.	
	-	Firm/ Company	
	3301 17TH STREET	, ,	
		Address	
	SARASOTA FL 34235		
		City/ State and Zip Code	2
	JESPINAL@IBSTAX.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
JESUS ACOSTA		at (578-0508
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of



SARASOTA FOOD BAZAAR CORP.

SAM CONTROOP IN CONTRO	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P18000065086	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
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	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt'
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
1 mm 11	A118/10 -
Stonature of New	Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (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)

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	IRVING G. ABREU	615 RIVIERA DUNES WAY	
Add			APT #504	
X Remove			PALMETTO FL 34221	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	****			
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
'A	
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·	·
If an amandment annuides for an auch	and analogication of annual stance of insued above
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Ά	
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* * * * * * * * * * * * * * * * * * *		
		07/18/2023
The date of each amendment(s date this document was signed.) adoption:	, if other than the
•	07/18/2023	
Effective date if applicable:		(no more than 90 days after amendment file date)
		tho more than 90 tays after amenament fue date)
Note: If the date inserted in thi document's effective date on the		s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	(9	CHECK ONE)
■ The amendment(s) was/were action was not required.	adopted by t	he incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were		he shareholders. The number of votes east for the amendment(s) or approval.
		the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the ar	mendment(s) was/were sufficient for approval
by		<u> </u>
	6	voting group)
9/19/20] Dated	23	
		resident or other officer – if directors or officers have not been not be not been n
appo	ointed fiduci	ary by that fiduciary)
	•	ACOSTA
		(Typed or printed name of person signing)

PRESIDENT