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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ___ SUNLIGHT MEAT MARKET INC DOCUMENT NUMBER: P18000073217 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person The Peoples Income Tax Corp Firm/ Company 5422 N Orange Blossom Trail Suite 400 Address Orlando, FL 32810 City/ State and Zip Code info@tpitmaxrefund.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CJ Scantlebury Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

SUNLIGHT MEAT MARKET INC

(Name of Corporation as c	currently fi	ed with the Florida Dept. of Sta	ite)		
P18000073217					
(Document Nu	umber of Cu	rporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this <i>Flo</i>	rida Profit Corporation adopts th	e following an	nendment	ı(s
A. If amending name, enter the new name of the corporat	ition:				
IVEY MEAT MARKET INC			J Th	e new	
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co"	'. A professional corporation me	or the abbre	eviation	
B. Enter new principal office address, if applicable: \(Principal office address \) \(MUST BE A STREET ADDRESS \)	- ()			哲	Ð
<u></u>	- '				
				-0 1	11
	-			-3:- (_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			::	 U	
-	-		د. ونس م	**1	
	-		=- .		
	-	<u>.</u>			
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office:		in Florida, enter the name of th	<u>se</u>		
Name of New Registered Agent					
(FI	lorida street (ukhess)			
New Registered Office Address:		Florid	a		
	<i>ŧCn</i>	W	(Zip Code	2)	
New Registered Agent's Signature, if changing Registered					
I hereby accept the appointment as registered agent. I am for	amuiar wun	and accept the oragations of the	ромиот.		
_					
Signature o	of New Reei	stered Avent, 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 Doc	
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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			_
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
51 Change			_
, Add			
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessary),	icles, enter change (Be specific)				
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<u></u>					
		-	7		
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<u></u> _					
f an amendment provides for an exc	hange, reclassifica	ition, or cancella	tion of issued sh	iares.	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>endment if not con</u>	<u>itained in the am</u>	endment itself:		
(и посиррисате, такае млл)					
		<u></u>			
186					
			<u>.</u>		

	tion:	
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	k does not meet the applicable statutory filing requirements, the timent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendi ient for approval.	nent(s)
	ed by the shareholders through voting groups. The following st th 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)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sharehold	ler
8/29/2018 Dated		
Dated	2-1	
Signature	- 100	
selected, b	tor, president or other officer – if directors or officers have not y an incorporator – if in the hands of a receiver, trustee, or othe fiduciary by that fiduciary)	
Ali	Rashid	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
Pri	esident	
- -	(Title of person signing)	

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