Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000296125 3)))



H190002981253ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number : (305)675-5944

R WHITE 627 67 --

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN 62ND QUICK STOP FOOD STORE INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

	•			·
	•	Agticles of A		j
		to	21	100
		Articles of Inc of	orporation (**)	19027 - 4 AH 8:39
6210	Quick S.	too Food S	tore Inc	
- <u>-</u>	(Name of C	orporation as current	v filed with the Florida	Dept. of t tate)
	7180000	74634		
		(Document Number o	Corporation (if known)	
ursuant to the p s Articles of Inc		06, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendme
. If amending	name, enter the new pame	of the corporation:		•
. ••		·.		·The new
ord "chartered," "professional association," or the abbreviation Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		1372 NW	12" St	
		,	MiAmi F	- 33141
	mailing address, if applica dress <u>MAY BE A POST OF</u>		1372 NW MiAmi	62m St 7 33147
	the registered agent and/ red agent and/or the new i			name of the
		•	hab Ass Kil	`
<u>Name</u> 1	of New Registered Agent			
	_		1W 6246 St	
			red address)	
New R	egistered Office Address: _	Mi Arry)		, Florida
			(City)	(Zip Code)
	•			
New Devictor	d Agent's Signature, if cha	noing Registered Agen	t :	,
I hereby accept	the appointment as register	ed agent. I am familiar	 with and accept the oblig	ations of the position.
•			,	

If amending the Officers and/or Directors, enter the title and name of each officer/director being :emoved 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, Mika 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	PT lohn Doe	
X Remove	V Mike Iones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P Youssef Vazji	20081 SW 94 AVE
Add	, , ,	Miami F. 33190
Kennove		
2) Change	P Eihab Assria	55 SIN 74 AVE.
_≯ ∧dd		Dania Beach, Fz 33000
Remove		
3)Change		
Add		
Remove		
4) Change		
Add		
Remove		
5)Change		
Add		
Removê		
6)Change		
Add		
Remove		

Page 2 of 4

	(Be specific)			
		· ,	 -	
				
				· · · · · · · · · · · · · · · · · · ·
				
			<u> </u>	
				
		<u>-</u>	 -	
		·		
		····-		
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancells tained in the are	don of issued sha endment itself;	<u> </u>
provisions for implementing the am	hange, reclassifica endment if not con	tion, or cancella tained in the 210	ijon of issued sha endment itself;	······································
provisions for implementing the am	hange, reclassifica endment if not con	tion, or cancella tained in the 210	ign of issued sha endment itself;	······
provisions for implementing the am	hange, reclassifica endment if not con	tion, or cancella tained in the 210	ign of issued sha endment itself;	CB\$.
provisions for implementing the am	hange, reclassifica endment if not con	tion, or cancella tained in the 279	ijon of issued sha endment itself;	
If an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancella tained in the 210	igen of issued sha endment itself;	CB\$.
provisions for implementing the am	hange, reclassifica endment if not con	tion, or cancella	igen of issued sha endmant itself;	
provisions for implementing the am	hange, reclassifica endment if not con	tion, or cancella	igen of issued sha endment itself;	

The date of each amendment(s) adoption: date this document was signed.	if other than t
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	th's date will not be listed as I
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approvat.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	areliolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 23rd of September 2019.	
Signature	
(By f director, president or other officer - if directors or officers have no selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
You seef Vazii (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	,
(Title of person signing)	_