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To:

**Division of Corporations** 

Fax Number : (850)617-6380

From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number: 120170000094 Phone: (954)842-1979 Fax Number: (954)905-4315

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MAY 3 0 2019

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

Email Address: AMINOCHER@GMAIL. WM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALINA FOOD & GROCERIES INC

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### "HI90001719933"

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO                     | RATION: ALINA FOOD &                        | GROCERIES INC  |  |  |  |  |
|-----------------------------------|---|--|--|--|--|--|
|                                   | BER: P19000038980                           |  |  |  |  |  |
| The enclosed Articles             | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |  |
| Please return all corre           | spondence concerning this ma                | tter to the following:   | •  |  |  |  |
|                                   | TANIA AKHTER                                |  |  |  |  |  |
|                                   |   | Name of Contact Persor   | ) ,  |  |  |  |
|                                   | ALINA FOOD & GROCERI                        | ES INC   |  |  |  |  |
|                                   |   | Firm/ Company  |  |  |  |  |
|                                   | 1205 10TH STREET                            | Time company   |  |  |  |  |
|                                   |   | Address  |  |  |  |  |
|                                   | LAKE PARK, FL 33403                         |  |  |  |  |  |
|                                   |   | City/ State and Zip Code   | •  |  |  |  |
| amin                              | ocher@gmail.com                             |  |  |  |  |  |
|                                   | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |  |  |
| For further information           | on concerning this matter, pleas            | se call:   |  |  |  |  |
| TANIA AKHTER                      |   | . at ( 561   | de & Daytime Telephone Number  |  |  |  |
| Name                              | of Contact Person                           | Area Co  | 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 | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section |   | Amend  | Address<br>ment Section  |  |  |  |
|                                   | rision of Corporations  D. Box 6327         |  | Division of Corporations Clifton Building  |  |  |  |
|                                   | lahassee, FL 32314                          | 2661 Executive Center Circle                                       |  |  |  |  |
| •                                 |   | Tallahassee, FL 32301  |  |  |  |  |

### H19.0001719933

#### Articles of Amendment to Articles of Incorporation of

| (Name   | of Corporation as curren    | tly filed with the Florida | Dept. of State)             |                           |
|---|-----------------------------|----------------------------|-----------------------------|---------------------------|
| 19000038980   |                             |                            |                             |                           |
|   | (Document Number            | of Corporation (if known)  |                             |                           |
| rsuant to the provisions of section 607. Articles of Incorporation:   | 1006, Florida Statutes, thi | s Florida Profit Corporati | ion adopts the following am | endment(s)                |
| . If amending name, enter the new na  | ame of the corporation:     |                            | _,                          |                           |
| ume must be distinguishable and con<br>Torp" "Inc" or Co.," or the design<br>ord "chartered." "professional associa | ation "Corp," "Inc," or     | "Co". A professional co    | corporated" or the abbrev   | new<br>viation<br>ain the |
| Enter new principal office address,   | if applicable:              | N/A                        |                             |                           |
| rincipal office address MUST BE A S   |                             |                            | <del>ن کا</del><br>(۳۱)     | 2019                      |
|   |                             |                            | <u> 740</u>                 |                           |
|   |                             |                            |                             | ~<br>~                    |
| Enter new mailing address, if appl  | icable:                     |                            |                             | ő                         |
| (Mailing address MAY BE A POST  | OFFICE BOX                  | N/A                        | Ω<br>(α Φ                   |                           |
|   |                             |                            |                             | بي                        |
|   |                             |                            | 112                         | ြယ်                       |
|   |                             |                            | <u> </u>                    | <u></u>                   |
| . If amending the registered agent ar   |                             |                            | e name of the               |                           |
| new registered agent and/or the ne  |                             | <u>58:</u>                 |                             |                           |
| Name of New Registered Agent  | TANIA AKHTER                |                            | <del></del>                 |                           |
|   | 512 HOLLY DR #2             |                            |                             |                           |
| New Registered Office Address:  | (Elorida :                  | street address)            | <del></del>                 |                           |
|   | PALM BEACH GARDENS          |                            | 33410<br>Florida            |                           |
|   |                             | (City)                     | (Zip Code)                  |                           |
|   |                             |                            |                             |                           |
|   |                             |                            |                             |                           |
| ew Registered Agent's Signature, if c<br>hereby accept the appointment as regis                                     | hanging Registered Ager     | nt:                        | estiane af the position     |                           |

Signature of New Registered Agent, if changing

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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:<br>X Change          | et           | John De  | <u>e</u>    |   |   |                 |
|-------------------------------|--------------|----------|-------------|---|---|-----------------|
| X Remove                      | <u>v</u>     | Mike Jo  | ones        |   |   |                 |
| _X Add                        | <u>şv</u>    | Sally Sr | <u>nith</u> |   |   |                 |
| Type of Action<br>(Check One) | <u>Title</u> |          | <u>Name</u> |   |   | <u>Addres</u> s |
| 1) Change                     |              | <u></u>  |             |   |   |                 |
| Add                           |              |          |             |   | • |                 |
| Remove                        |              |          |             |   |   |                 |
| 2) Change                     |              | _        |             |   |   |                 |
| Add                           |              |          |             |   |   |                 |
| Remove                        |              |          |             | • |   |                 |
| 3) Change                     |              |          |             |   |   |                 |
| Add                           |              |          |             |   |   |                 |
| Remove                        |              |          |             |   |   |                 |
| 4) Change                     |              | _        |             |   |   |                 |
| Add                           |              |          |             |   |   |                 |
| Remove                        |              |          |             |   |   |                 |
| 5) Change                     |              |          |             |   |   |                 |
| Add                           |              |          |             |   |   |                 |
| Remove                        |              |          |             |   |   |                 |
|                               |              |          |             |   |   |                 |
| 6) Change                     |              |          | ·           |   |   |                 |
| Add                           |              |          |             |   |   |                 |
| Remove                        |              |          |             |   |   |                 |

### EEPP171000P1H

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)   |   |  |  |
|--|---|--|--|
| N/A  |   |  |  |
|  |   |  |  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A |   |  |  |
|  |   |  |  |
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| The date of each amendment(s)                                      | MAY 29, 2019  adoption:, if other than the   |
|--|--|
| date this document was signed.                                     | <u> </u>   |
| Effective date if applicable:                                      |  |
|  | (no more than 90 days after amendment file date)   |
| lote: If the date inserted in this ocument's effective date on the | s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.   |
| doption of Amendment(s)  | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/were aby the shareholders was/were            | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |
| The amendment(s) was/were a must be separately provided j          | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes ca  | ast for the amendment(s) was/were sufficient for approval  |
| by   |  |
|  | (voting group)   |
| action was not required.   | adopted by the board of directors without shareholder action and shareholder   |
| MAY 29   | 2019   |
| Dated  |  |
| Signature  | Tanja Akhter   |
| (By a  | a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sointed fiduciary by that fiduciary) |
|  | TANIA AKHTER   |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |