P190000 57955

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
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COVER LETTER

TO: Amendment Section

Division of Corporations Euryreen Food Murt Inc P190000 57955 NAME OF CORPORATION: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 7601 Davie Rd Extension

Address

Davie, FL 33024

City/ State and Zip Code For further information concerning this matter, please call: at (954) 534-2088

Area Code & Daytime Telephone Number 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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Taliahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

E,	ryreen_	Food	Mart	Īnc				
(<u>Ns</u>	ime of Corporati	on as curre	ntly filed	with the	e Florida De	pt. of Stat	<u>e</u>)	
	P1900	00579	55					
		ient Number		ration (i	ť known)			
Pursuant to the provisions of section its Articles of Incorporation: A. If amending name, enter the ne			is <i>Florida</i>	Profit	Corporation	adopts the	following ame	adment(s) to
A. If amending hame, enter the ne	.w name of the ci	n por arron.						
name must be distinguishable and "Corp.," "Inc.," or Co.," or the dword "chartered," "professional ass	esignation "Corp	." "Inc." or	r "Co". ∴				or the abbrevi	
B. Enter new principal office add (Principal office address MUST BE								
, , , , , , , , , , , , , , , , , , , ,							<u> </u>	_
C. Enter new mailing address, if: (Mailing address MAY BE A PC		!¥ 1					SEP 30	—T
(maning dansess <u>men bis (m. 1</u>	201 011102 00	<u>-2</u> /					3	
		• .		•	•			₹ . 5
D. If amending the registered agenew registered agent and/or th				<u> Aorida.</u>	enter the n	ame of the	- 4.	
Name of New Registered As	gent Asi	f Ahm	od					
	_	O S) street addr	RJ ess)	Extensi	υ 7		
New Registered Office Add	ress:	Our	.(, Florida	33024	
			(City)				(Zip Code)	
New Registered Agent's Signature				1	at and Pour			
I hereby accept the appointment as t	a	if a	Had				osition.	
	Sim	andre of New	o Registers	od Acren	t if changin	,		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Asif Ahmad	7601 Davie Rd Extension
Add			Onvie, FL 33024
Remove			
2) Change	ρ	Amarjeet Kaur	760 Davie Kd Extension Davie, FL 33024
Add			Dusie, FL 37024
X Remove			
3) Change			
Add			***************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		,	
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		. , , , , , , , , , , , , , , , , , , ,		
		 		
				· · · ·
	<u>.</u>	.		
		<u></u>	•	
				
If an amendment provides for an exch	ange, reclassification	on, or cancellation o	f issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	nament if not conta	ined in the amendm	ent itself:	
			7 1/500-5-0.4	
				

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: (no more than 90 days after amendment fit	
(no more than 90 days after amendment fit	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for t by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The farmust he separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated September 27 Signature Aid Church	
Signature Qif Chris	
(By a director, president or other officer – if directors or officers	
selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	ee. or other court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	