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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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For further information concerning this matter, please call

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Mailing Address

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June 15, 2020

VANEL JEAN LOUIS 410 NE 3RD ST STE. 7 BOYNTON BEACH, FL 33435

SUBJECT: M & J UNIQUE SUPERMARKET CO

Ref. Number: P20000026603

We have received your document for M & J UNIQUE SUPERMARKET CO and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00011791

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

| Arneles of fucorporation |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: The new tile and the corporation "Corporation". |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the |
| Name of New Registered Agent (Florida street address) (Florida Street address) Florida 3 3 () |
| New Registered Office Address: 17 () 4 7 7 7 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position. |
| Signature of New Rockstewell Agent, if changing |
| v / |

Check if applicable

☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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| address of each Officer a tAttach additional sheets. Please note the officer/dit P = President; V= Vice I Executive Officer; CFO = President, Treasurer, Dir | and/or V if necess rector titl President = Chicf F) rector wor in the fo rees the c | Nirector being added: sary) te by the first letter of the office i: T= Treasurer; S= Secreta, inancial Officer. If an officer uld be PTD, Howing manner, Currently, corporation, Sally Smith is no | ce title: ry: D= Director: TR= Tradirector holds more than town Froncis listed as the F | irector being removed and title, name, and istee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is bould be noted as John Doe, PT as a Change. |
| X Change | <u>PT</u> | John Doc | | |
| X Remove | \underline{V} | Mike Jones | | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
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