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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL MERCADO N	IIAMI INC		
DOCUMEN'T NUMBER: P200000401			
The enclosed Articles of Amendment and fee are so	ubmitted for filling.		
Please return all correspondence concerning this ma	atter to the following:		
PAVANDEEP PABLA			
	Name of Contact Persor	1	
EL MERCADO MIAMI, IN	С		
<u></u>	Firm/ Company		
742 EUCLID AVENUE	•		
	Address		
MIAMI, FLORIDA 33139			
	City/ State and Zip Code	3	
ELMERCADOMIAMI@GN	AAH COM		
_	sed for future annual report		
For further in formation concerning this matter, plea	se call:	557-8702	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State;	
■ \$35 Filing Fee	☐\$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		<u>Address</u>	
Amendment Section		ment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		I. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

EL MERCADO MIAMI, INC	<u>.</u>	
	tly flied with the Florida Dept. of State)	
P20000040184		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amend ing name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	742 EUCLID AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33139	
	<del></del>	
C. Enter ne:w mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	742 EUCLID AVENUE	
	MIAMI, FLORIDA 33139	
D. If amend ing the registered agent and/or registered office adenew registered agent and/or the new registered office address		
Napae of New Registered Agent PAVANDEEP PABLA		
(Florida s	trees address)	
New Registered Office Address: 742 EUCLID AVENUE	! Mlami Florida 33139	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
	PSINA	
Signature of New 1	Registered Agent, if changing	

Check if applicable

 $\Box$  The amendment(s) is lare being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 VST 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
t) Charige	VP	PAOLA LEOS	703 N 63RD ST APT 602
x Aåä			MIAMI, FL 33138
Remove	VP	FATIMA CHAVEZ	
Addl			
X Remove 3 ) Chainge	P	PAVANDEEP PABLA	742 EUCLID AVENUE
X			MIAMI, FLORIDA 33139
Remove			
4) Charige			
Add			
Ren tove			
5) Charige			<del>-</del>
Ad <b>d</b>			
Remove			
6) Charage		<del>-</del>	
Addl			
Remove			

E. <u>If amend</u> (Attach <i>ad</i>	img or adding additional Articles, enter change(s) here: lclitional sheets, if necessary). (Be specific)
N/A	
<del> </del>	
<del></del>	
<b>*</b>	
provisio	indment provides for an exchange, reclassification, or cancellation of issued shares, eas for implementing the amendment if not contained in the amendment itself:
(if no	ot applicable, indicate N/A)
<b>ሃ</b> አ	
<del></del>	
<del></del>	

•

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after am	vendment file date)
Note: If the date inserted in this bedocument's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of director	ors without shareholder action and shareholder
ि 'निष्य बागलातीतालात(s) was/were add by the shaireholders was/were si	pixed by the shareholders. The number of voi dicient for approval.	tes east for the amendment(s)
	proved by the shareholders through voting greech voting group entitled to vote separately	
"The: number of votes cast	for the amendment(s) was/were sufficient for	r approval
by		. <del>"</del>
,	(voting group)	
	11/24/2020	
Dated		ac la so
Signature		PSANA
selecte	rector, president or other officer – if director I, by an incorporator – if in the hands of a rec ed fiduciary by that fiduciary)	
		Pavandeep pabla
	(Typed or printed name of person	signing)
	President	/director
	(Title of person signing)	<del>-</del> · · · · · · · · · · · · · · · · · · ·