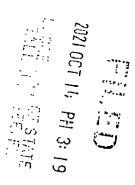


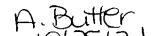
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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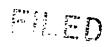


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LATINOS MINI- N	MARKET CORP	
	BER: P20000046112		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	MARIA LEONARDO		
		Name of Contact Person	, , , , , , , , , , , , , , , , , , ,
	LS ADVISORY GROP		
		Firm/ Company	
	3801 HOLLYWOOD BLVD	STE 100A	
		Address	
	HOLLYWOOD, FL 33021		
		City/ State and Zip Code	
	MARIA@MYCPAEA.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call: at (at (280-4050
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	elling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



LATINOS MINI-MARKET CORP	2021 NOT 11. PM 0
(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000046112	OF STATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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 addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et addrexs)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are 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)

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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	CRIMILDA D. BORJAS	1741 NW 64TH ST
Add			MIAMI, FL. 33147
X Remove			
2) Change	P	SACHA BROCHE	8840 NW 172ND TER
X Add			HIALEAH, FL 33018
Remove 3) Change	V	AMANDA BARRIOS VAZQUEZ	12651 SW 190TH ST
X Add			MIAMI, FL. 33177
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
				
			<u>. </u>	
				
				
				
f an amendment provides for an excl	ange, reclassification	on, or cancellation	n of issued shar	es,
provisions for implementing the ame	ndment if not conta	ined in the ame	<u>idment itself:</u>	
(if not applicable, indicate N/A)				
		 		

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	10/01/2021		: C - d	then t
The date of each amendment(s) add date this document was signed.	option:		if other	man t
Effective date <u>if applicable</u> :				
	(no more than 90 days	after amendment fil	le date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable stoartment of State's records.	atutory filing requi	rements, this date will not be list	ed as
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adop action was not required.	oted by the incorporators, or board of	of directors without	shareholder action and shareholde	r
■ The amendment(s) was/were adop by the shareholders was/were suf		er of votes cast for	the amendment(s)	
	each voting group entitled to vote se	eparately on the am	following statement endment(s):	
"The number of votes cast for	or the amendment(s) was/were suff	icient for approval		
by	(voting group)			
Dated (By a dir	Colola Burgs rector, president or other officer - if	directors or officer	have not been	
	, by an incorporator – if in the hand ed fiduciary by that fiduciary)	s of a receiver, trust	lee, or other court	
-	Crimilda (Typed or printed name o	Borias of person signing)	Sacha Brochy	<i>;</i>
	Dracido	n.	Dencidont	