## P20000071140

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ULTRA SUPE	ERMARKET CORP
DOCUMENT NUMBER: P20000071180	
The enclosed Articles of Amendment and fee as	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
YUDERCA M BARBER	t <b>A</b>
<del></del>	Name of Contact Person
BUSINESS PLUS TAX	SOLUTIONS INC
	Firm/ Company
5258 GOLDEN GATE P	KWY
	Address
NAPLES, FL 34116	
	City/ State and Zip Code
yudy@businessplustaxes.	com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	
Name of Contact Person	at (239 ) 643-9968
	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Status  Certificate of Status	\$\times \square \squar
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

Ul	LT	RA	SU	PERN	IAR	KET	CORP
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(Name of Cor	poration as currently filed with the F	Inrida Dent of State)
220000071180	as currently med with the F	ortua Dept. 01 State)
	D	
(	Document Number of Corporation (if k	nown)
ursuant to the provisions of section 607.1006, I s Articles of Incorporation:	Florida Statutes, this Florida Profit Cor	poration adopts the following amendment(s)
. If amending name, enter the new name of	the corporation:	
AZOLA & ASSOCIATES CORP		The new
me must he distinguishable and contain the wo nc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc " or "Co" A professional cor	armorated" on the "Lb
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>	icable: TADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE BOX)	
	<del></del>	202
If amending the registered agent and/or re	gistered office address in Florida, ent	er the name of the
new registered agent and/or the new regist	ered office address:	न ज ।
Name of New Registered Agent		19
		問意四
	(Florida street address)	चार्च २ 🔾
New Registered Office Address:		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing	Registered Agent:	
ereby accept the appointment as registered age	ent. I am familiar with and accept the c	obligations of the position.
<del>-</del>	0:	
	Signature of New Registered Agent, if ci	hanaina

<sup>☐</sup> 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MICHEL SANCHEZ	19594 NW 61 AVE
$\frac{X}{Add}$			HIALEAH, FL 33015
Remove			
2) X Change	<u>T</u>	RICARDO BORDON	4924 20TH PL SW
Add			NAPLES, FL 34116
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g necessary).	cles, enter change(s (Be specific)				
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			<u></u> _			
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an amendment provides	for an excha	nge, reclassification	<u>i, or cancellatio</u>	n of issued sha	ares,	
10 (13) Ous tot imblefifff	uie incament	<u>lment if not contain</u>	ned in the amen	dment itself:		
	cate N/A)					
(if not applicable, indi-						
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted 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 for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
08/11/202 Dated Signature		
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	RAMIRO CAZOLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	