

P20000074905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

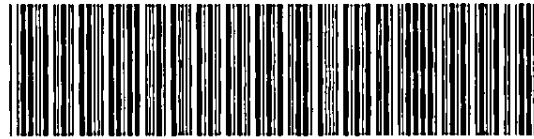
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rosemane gave authorization  
to correct application  
(Name remove "t" and add  
"Inc." 4/5  
dec

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

2021-APR-5 PM 4:29

FILED

Name Change

APR 06 2021

D. CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ALJTEROS NINETY NINE CENT STORE PLUS NC.  
DOCUMENT NUMBER: P20000074905

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSEMENE JEROME ALPHONSE  
Name of Contact Person

1231 N. W 46 AVE  
Firm/ Company  
Address

LAUDERHILL FLORIDA 33313  
City/ State and Zip Code

ALJTEROSLUX@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSEMENE JEROME ALPHONSE at (786) 316 7137  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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NO Fee  
AB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2020

ROSEMENE JEROME ALPHONSE  
1231 NW 46 AVE  
LAUDERHILL, FL 33313

SUBJECT: ALJTEROS NINETY NINE CENT STORE PLUES NC.  
Ref. Number: P20000074905

We have received your document for ALJTEROS NINETY NINE CENT STORE PLUES NC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A corporation can not serve as its own officer/director.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 320A00025122



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2021

ROSEMENR JEROMR ALPHONSE  
1231 NW 46 AVE  
LAUDERHILL, FL 33313

SUBJECT: ALJTEROS NINETY NINE CENT STORE PLUES NC.  
Ref. Number: P20000074905

We have received your document for ALJTEROS NINETY NINE CENT STORE PLUES NC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE CORRECT THE NAME OF THE CORPORATION TO REFLECT OUR RECORDS AND PUT THE NEW NAME IN THE SPACE PROVIDED IN PART "A" OF THE FORM.

The document is illegible and not acceptable for imaging.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 921A00002639



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2021

ROSEMENE JEROME ALPHONSE  
1231 NW 46 AVE  
LAUDERHILL, FL 33313

SUBJECT: ALJTEROS NINETY NINE CENT STORE PLUES NC.  
Ref. Number: P20000074905

We have received your document for ALJTEROS NINETY NINE CENT STORE PLUES NC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We had previously returned your document to you but now I am confused as to what you want to do. In the previous documents it appeared that you were changing the name, the registered agent. On the form you returned you now have inserted N/A through out the form. Are you wanting to amend your filing with our office?

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 221A00005197

Articles of Amendment  
to  
Articles of Incorporation  
of

ALJTEROS NINETY NINE CENT STORE PLUES NC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000074905

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ALJTEROS NINETY NINE CENT STORE PLUES INC <sup>the new</sup>

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

N/A

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

Check if applicable

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change	_____	_____ <u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____ <u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____ <u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____ <u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____ <u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____ <u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated 10-31-2020

Signature Rosemeane Jerome Alphonse  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROSEMEANE JEROME ALPHONSE  
(Typed or printed name of person signing)

- OWNER President  
(Title of person signing)