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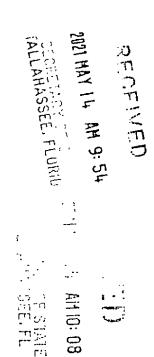
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Tawnsend Food STore INC P 21000039799 NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Clarge HHauri'
Name of Contact Person Name of Contact Person

Taumend Food STON INC

Firm/Company

1919 Jawn and BLVD

Address

JAX - FL - 32277

City/ State and Zip Code

CRHawi 25 solymail. Can E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 65187.66 Area Code & Daytime Telephone Number large KHauri Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

/ allensend Faac	Slave IMC
	filed with the Florida Dept. of State)
P 2 1 0000	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Thenew 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 <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2919 Taturs-end BLVD JAX-FL- 3227\$
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	
W. D	J.L.
(Florida stre	vel adaress)
New Registered Office Address:	, Florida (Cirv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
	
Signature of New Ri	zgistered Agent, if changing
Check if applicable	

☐ 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)

Add

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 PT. John Doe \mathbf{V} X Remove Mike Jones SV \underline{X} Add Sally Smith Type of Action Title 7311 Taunsmd Village North JAX-FL- 32277 (Check One) George Daych 1) / Change ___ Add Remove 2) ____ Change Add Remove 3) Change ___ Add ____ Remove 4) ____ Change ____ Add Remove 5) _ _ Change ____ Add Remove 6) ____ Change

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amendment users.

.

The date of each amendment(s) acd date this document was signed.	loption:	5-14-	21	, if other than the
Effective date <u>if applicable:</u>				
	(no more than 90 days	s after amendment file a	late)	
Note: If the date inserted in this be document's effective date on the De		statutory filing requiren	ments, this date will	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board	of directors without sha	areholder action and	l shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		ber of votes cast for the	amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through veach voting group entitled to vote so			
"The number of votes cast	for the amendment(s) was/were suff	ficient for approval		
by		,,		
	(voting group)			
Dated	14121			
Signature				
(By a di selected	rector, president or other officer – if , by an incorporator – if in the hand ed fiduciary by that fiduciary)	f directors or officers ha ls of a receiver, trustee.	ave not been or other court	
	Clarge H	Hauri		
	(Typed or printed name of	of person signing)		
	SHA			
-	(Title of person signing)			