P22000017682

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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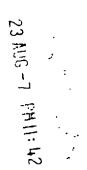
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: AFRICA FOOD S	UPER MARKET, CORP	
	NUMBER: P22000017682		<u>, ,</u>
The enclosed A	rticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	LUIS R. SMITH		
		Name of Contact Person	1
	TAXES USA LLC		
	 	Firm/ Company	
	5892 STIRLING RD #4		
		Address	
	HOLLYWOOD FL 33021		
		City/ State and Zip Cod	e
	INFO@TAXESUSAMIAMI	.сом	
	E-mail address: (to be us	sed for future annual report	notification)
For further info	rmation concerning this matter, plea	se call:	
LUIS R SMITH	1	305 at (4702429
]	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a ch	neck for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing	Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 l	Address Iment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

AFRICA FOOD SUPER MARKET CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P22000017682		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		m
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 abbreviati professional corporation name must conta	_The new on "Corp.," in 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 address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	23 AUG -7
		- p
(Florida stre		PH11: 42
·		
New Registered Office Address:	, Florida	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		

☐ 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.

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>	Address
1) Change	S	AATIF A ELZEBIR	7050 NW 15TH AVE
X Add			MIAMI FL 33145
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
		•	·

Attach additional sheets, if necessary).	(Be specific)
	1 11111
	•
16	
provisions for implementing the any	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

A STATE

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u>. </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholds	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following sfor each voting group entitled to vote separately on the amendment(s,	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
7/14/202 Dated	3	
Signature	And Ctubes Officer - if directors or officers have not	
	ceed, by an incorporator – if in the hands of a receiver, trustee, or other	
арро	ointed fiduciary by that fiduciary)	
	JOSE R ARRIBAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	