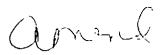
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# CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LAWRENCE CH	IEVRON FOOD MART I	INC
	1BER: P22000041563		
The enclosed Article	s of Amendment and fee are s	submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
	REKHA PEDNEKAR		
		Name of Contact Pers	son
	ADVANTAGE ACCOUNT	ING & TAX	
		Firm/ Company	
	2700 N MILITARY TRAIL		
	<u></u>	Address	
	BOCA RATON, FL 33431		
	<u> </u>	City/ State and Zip Co	ode
	rekha@advantage.cpa		
	E-mail address: (to be u	sed for future annual repo	rt notification)
For further information	on concerning this matter, plea	se call:	
Rekha Pednekar		at (561	687-6466
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida De	partment of State:
\$35 Filing Fee	☐S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	Address dment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

### Articles of Amendment to Articles of Incorporation of

1-11\_ED 2022 AUG -2 AMII: 45

LAWRENCE CHEVRON FOOD MART INC

	Corporation as our	cently filed with the Florida	Dept. of State)
P22000041563	Corporation as cur	rendy filed with the Florida	Dept. of State)
	(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes,	this Florida Profit Corporati	ion adopts the following amendment(
A. If amending name, enter the new nam	e of the corporatio	<u>1:</u>	
		N/A	The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor "chartered," "professional association," or	p." "Inc." or "Co	". A professional corporati	ted" or the abbreviation "Corp" on name must contain the word
B. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		<u>N/A</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		N/r	
). If amending the registered agent and/or			
. II AINCHUINE INC ICEMIETEU APENI AINMO	r registereu office a	duress in riorida, enter the	name of the
new registered agent and/or the new re	gistered office addi	ess:	
new registered agent and/or the new re			
new registered agent and/or the new re			
new registered agent and/or the new re  Name of New Registered Agent	N/∖\(Florida	street address)	
new registered agent and/or the new re  Name of New Registered Agent	N/∖\(Florida	street address)	<del></del>
new registered agent and/or the new re	N/∖\(Florida	street address)	
new registered agent and/or the new re	N/∖\(Florida	street address)	<del></del>
new registered agent and/or the new re  Name of New Registered Agent  New Registered Office Address:	N/ħ (Florida N/ħ	street address) (City)	<del></del>
new registered agent and/or the new re  Name of New Registered Agent  New Registered Office Address:  ew Registered Agent's Signature, if change	N/A (Florida N/A	street address) (City)	Florida(Zip Code)
new registered agent and/or the new re  Name of New Registered Agent  New Registered Office Address:  ew Registered Agent's Signature, if change	N/A (Florida N/A	street address) (City)	Florida(Zip Code)
new registered agent and/or the new re  Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  ew Registered Agent's Signature, if change thereby accept the appointment as registered	N/人 (Florida iN/ね ging Registered Age agent. I am familia	street address) (City) (nt: pr with and accept the obligat	. Florida(Zip Code)  (Zip Code)  ions of the position.
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new registered agent and/or the new re  Name of New Registered Agent  New Registered Office Address:  ew Registered Agent's Signature, if change thereby accept the appointment as registered	N/h  (Florida N/h  zing Registered Age agent. I am familia	street address) (City) int: ir with and accept the obligat Registered Agent, if changin	. Florida(Zip Code)  (Zip Code)  ions of the position.

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 Doc				
X Remove	Y	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	RASHED KALAM	4899 PIMLICO CT			
Add			WEST PALM BEACH, FL 33415			
X Remove						
2) Change						
Add						
Remove Change						
Add						
Remove						
4) Change	<del></del>					
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5) Change		-				
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Remove			<del></del>			
6) Change						
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Remove			_			

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an amen	dment provides f	or an exchang	e, reclassifica	tion, or cance	<u>llation of issue</u>	d shares,	
tif not	s for implementing applicable, indica	ig the amenum	ient ii not cor	itained in the	amendment its	<u>eit:</u>	
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08/01/2022	
The date of each amendment(s) adoption:	than the
date this document was signed.	
08/01/2022 Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	d as the
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 east for the amendment(s) was/were sufficient for approval	
by "	
by	
Signature  (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)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	