Paavoo 441388

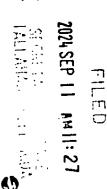
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ALIANZA SUPERMARKET INC DOCUMENT NUMBER: P22000044288 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: RIQUERMIS REYNOSO DE RAMIREZ Name of Contact Person INDEPENDENT BUSINESS SOLUTIONS INC Firm Company 6250 SW 6TH STREET Address MARGATE FL 33068 City/ State and Zip Code INFO@MYREYESGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RIQUERMIS REYNOSO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALIANZA SUPERMARKET INC

THE REPORT OF BRIDE REPORT OF THE PERSON OF			
(Name	of Corporation as currently	filed with the Florida De	pt. of State)
P22000044288	l I		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this I	Iorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
LAS BRISAS SUPERMARKET, INC.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". A		I" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	NIA	
(Principal office address MUST BE A S			
 C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered agent ag	OFFICE BOX) nd/or registered office addr		 , I
	RIQUERMIS REYNOSO	2	
Name of New Registered Agent	6250 SW 6TH STREET		=
	(Florida stre	eet address!	2
New Registered Office Address:	MARGATE		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if collaboration in the second state of the second s		eith and accept the obligation	•
	ursuant to s. 607.0120 (11) (e). F.S.	
Check if applicable ☐ The amendment(s) is/are being filed p			

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	PT	John Doc	
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	Vice	Fernando Carrillo Gonzalez	3431 Sahara Springs BLVD
X Add			Pompano Beach, FL 33069
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			_
4) Change		_	
Add			
Remove			
5) Change			
Add		1	
Remove			
δ) Change			
Add			
Remove		i	

E. If amending or adding additional Articles, enter change	e(s) here:
(Attach additional sheets, if necessary). (Be specific)	
NA	
	<u> </u>
	<u> </u>
	<u> </u>
	1
	<u> </u>
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F. If an amendment provides for an exchange, reclassification	tion or cancellation of issued shares
provisions for implementing the amendment if not co	ntained in the amendment itself.
(if not applicable, indicate N/A)	
N/A	:
	<u></u>
	1
	-
	1

•

08/21/2024	
The date of each amendment(s) adoption:	if other than the
late this document was signed.	
08/21/2024	
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 app document's effective date on the Department of State's records.	: licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	ı
The amendment(s) was/were adopted by the incorporators, o action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled t	
"The number of votes east for the amendment(s) was/w	vere sufficient for approval
by	."
(voting group)	
08/21/2024	
Dated	<u> </u>
Signature Jose Fernan	do cavillo
	ficer – if directors or officers have not been
	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciar	'y)
Some Fern	pando Cavrillo
(Typed or printed	d name of person signing)
President	†
(Title of person s	r. Signing)
,	