P13000008103

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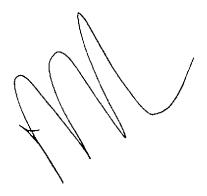
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SECRETATION OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL SUPREMO MARKET & TAQUERIA CORP							
	DOCUMENT NUMBER: P23000008103						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corres	pondence concerning this ma	tter to the following:					
	ALFREDO MERCADO						
•	Name of Contact Person						
1	PRIME TAX SOLUTIONS LLC						
•		Firm/ Company					
;	50 N LAURA ST STE 2500						
•	Address						
	JACKSONVILLE, FL 32202						
•	City/ State and Zip Code						
1	FREDO@PRIMETAXJAX.C	COM					
	E-mail address: (to be us	sed for future annual report	t notification)				
For further information concerning this matter, please call:							
ALFREDO MERCADO		at (<u>9</u> 04	729-0372				
Name of Contact Person		Area Co	ode & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ame Divi: P.O.	Ing Address Induction Indu	Amen Division 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

EL SUPREMO MARKET & TAQUERIA CORP		
· · · · · · · · · · · · · · · · · · ·	ttion as currently filed with the Florida Dept. of State)	
P23000008103		
(Docu	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floritis Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	'corporation," "company," or "incorporated" or the abbreviat c," or "Co". A professional corporation name must conto previation "P.A."	ion "Corp.," iin the word
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AL</u>	<u>ODRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	80V)	
(ـــــــــــــــــــــــــــــــــــــ
D. If amending the registered agent and/or regist	tered office address in Florida, enter the name of the	1 CI (1 150)
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip	o Code)
	(си,у) (лр	, Codey
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position	
Sig	gnature of New Registered 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>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	FELIX ALIRIO SANGRONIS-FONS	215 THISTLETON WAY	
X Add			ST AUGUSTINE, FL 32092	
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change			SECHLET TALLY	
Add				
Remove			• .	
5) Change				
Add			THE STATE OF	
Remove				
6) Change				
Add				
Remove				

The date of each amendment(s) ac	option:	, 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 bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(5)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
•	(voting group)	
selecte	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)	
	OLIVER R LOPEZ	
	(Typed or printed name of person signing)	22
	PRESIDENT	01

(Title of person signing)