

P23000086538

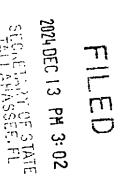
(Requ	estor's Name)	·		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUPER AMERICA	A NEWBERRY INC	·····			
DOCUMENT NUM	BER: P23000086538					
	of Amendment and fee are sul	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	SANJAY PATEL					
		Name of Contact Persor	1			
	SUPER AMERICA NEWBERRY INC					
	Firm/ Company					
	3436 W UNIVERSITY AVE					
	Address					
	GAINESVILLE, FL 32607					
		City/ State and Zip Code	2			
	SANJU PHARMA143@YA	НОО.СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information SANJAY PATEL	on concerning this matter, pleas	se call:				
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Fifing 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)			
	iling Address	Street Address				
	endment Section	Amendment Section				
	ision of Corporations	Division of Corporations The Centre of Tallahassee				
), Box 6327 Jahassag, El. 37314	2415 N. Monroe Street, Suite \$10				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SUPER AMERICA NEWBERRY INC

(Name of Corporation	on as currently filed	with the Florida Der	ot. of State)		
P23000086538					
(Docum	nent Number of Corpo	ration (it known)			
Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation a	dopts the following	ng amendmen	ıt(ş) to
A. If amending name, enter the new name of the co	orporation:				
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A profe.	y," or "incorporated ssional corporation	or the abbreviation	The new ion "Corp.," in the word	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					
C. Enter new mailing address, if applicable:	_			2024	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		AH, SSE	- T - T - T - T - T - T - T - T - T - T	7 = !
D. If amending the registered agent and/or register new registered agent and/or the new registered		Florida, enter the na	me of then	<u>ي</u> 02	!
Name of New Registered Agent				_	
	(Florida street addı	ess)		_	
New Registered Office Address:			_, Florida		
	(City)			Code)	
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered agent.	I am familiar with and	d accept the obligatio	ns of the position.		
Signo	ature of New Register	ed 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>		<u>Addres</u> s
1) X Change	P	SANJAY P	ATEL	3436 W UNIVERSITY AVE
Add				GAINESVILLE, FL 32607
Remove	VP	RAKESHB	BHAI PATEL	3436 W UNIVERISTY AVE
2) Change X	''			GAINESVILLE, FL 32607
Add Remove 3) Change Add			 	
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add		<u> </u>		
Remove				

(Attac	ch additional sheets, if necessary). (Be specific)
•	
	
l Ifon	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
50% SA	NJAY PATEL
50% R./	KESHBHAI PATEL
•	

	12/01/2024	(C) ob ob ob.
The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements to Department of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the ame re sufficient for approval.	ndment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
Dated	12/5/24	
Signature	2 July	
sel	y a director, president or other officer — if directors or officers have n ected, by an incorporator — if in the hands of a receiver, trustee, or of pointed fiduciary by that fiduciary)	
	SANJAY PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . .