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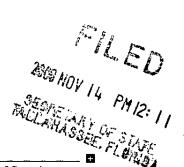


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: <u>F & T MINI</u>	MARKET INC	B
DOCUMENT NUME	BER: <u>P94000071</u>	541	
The enclosed Articles	of Amendment and fee ar	re submitted for filing.	
Please return all corres	spondence concerning this	s matter to the following:	
		JLIO MOLINA f Contact Person)	
	·		
		JLIO MOLINA P.A. n/ Company)	
		CURRY FORD RD Address)	
•			
		ANDO, FL. 32806 ate and Zip Code)	
For further information	concerning this matter, p	please call:	
JULIO MOLINA (Name of C	Contact Person)	at (<u>407</u>) <u>228-4757</u> (Area Code & Daytime	
Enclosed is a check for	the following amount ma	ade payable to the Florida Dep	partment 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)
Mailing Address Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of



	INI MARKET INC	Etata)
(Name of Corporation as curre	ntly filed with the Florida Dept. of S	State)
	000071541	
(Document Num	ber of Corporation (if known)	
suant to the provisions of section 607.1006 owing amendment(s) to its Articles of Incorp		fit Corporation adopts
If amending name, enter the new name of	the corporation:	
new name must be distinguishable are corporated" or the abbreviation "Corp.," o". A professional corporation name ociation," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	"Corp," "Inc," or
Enter new principal office address, if appl incipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
If amending the registered agent and/or renew registered agent and/or the new regis		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street address)	
	(Florida street address) (City)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	JUAN LIZARDO ORTIZ	601 S. FISKE BLVD COCOA, FL 32922	
	 		
			Add Remove
	dditional sheets, if necessary). (Be s		
<u>provisi</u>	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment	(s) adoption: NOV ,10,2008
Effective date if applicable:	AUGUST 20,2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	.,,
•	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 11-01	-2008
Signature Z	hale gateure a director, president or other officer – if directors or officers have not been
sele	a director, president of other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	UBALDO GUTIERREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)