## 980000

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300041839733

11/01/04--01015--006 \*\*35.00

TO: Amendment Section

## **COVER LETTER**

Division	Division of Corporations					
NAME OF CO	ORPORATION: IVES MART, INC	),	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT	NUMBER: P98000075739					
The enclosed A	tricles of Amendment and fee are	submitted for filing.				
Please return a	ll correspondence concerning this	matter to the following:				
	ANDRE KATTOL	JRA				
-	(Name of Contact Person)					
H	KATTOURA & ASSOICATES, INC.					
_	(Firm	/ Company)				
1	499 WEST PALMETTO PK RD SUIT	^E 416				
_	. (2	Address)	<del> </del>			
В	OCA RATON, FL 33486					
_	(City/ Stat	e/ and Zip Code)				
For further info	rmation concerning this matter, p	lease call:				
ANDRE KATTO	JRA	at ( 561 ) 362-049	<b>3</b> 1			
7)	ame of Contact Person)	(Area Code & Dayrir	ne Telephone Number)			
Enclosed is a cl	eck for the following amount:					
☑ \$35 Filing Fee	Castificate 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)			

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassce, FL 32314

Street Address
Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

		Articles of Amendmen	ıt	ಕ್, ∈
		to		
		Articles of Incorporatio	n	LAH
		of		ASE .
	r <sub>v</sub>	YES MART, INC.		<u> </u>
	(Name of corporation	n as currently filed with the	Florida Dept. of State)	<u> </u>
				근
	ŗ	98000075739		)RII
	(Docur.	ent number of corporation (	if known)	Di''
D	iviana afrantian 60	7.1006, Florida Statute	e this Elevida Drafii	(Carnoration
		ts Articles of Incorpora		Communication
adopta tito romown	19 erriterretres (0) (0 ,	m		
NEW CORPORA	TE NAME (if chan	<u>eine):</u>		
N/A/				
(Must contain the wor	d "comoration," "compar	ny," or "incorporated" or the	abbreviation "Corp.," "I	ne.," or "Co.")
A professional corpo	ration must contain the w	ord "chartered", "profession	al association," or the ab	breviation "P.A.")
			r a miterium viendžionie – a os	Cala Normalianday
AMENDMENTS	ADOPTED (OTH)	ER THAN NAME CH added or deleted: (BE S	ANGE) Indicate An	ncie Number(s)
ind/or Afficie 1 iti	s(s) peru8 supeuden,	added of deteren: (DE 2	<u>FRCIFIC</u> )	
CHANGE TITLE: S	HEHADEH, ABDEL K	(P)		
ADD:	SHEHADEH, AHM	(VP)	<u> </u>	
				n
	<u></u>		_*	
			<u> </u>	
		<u> </u>		
<del></del>				<del></del>
	(An	ach additional pages if neces	ssary)	
Can amenderent r	rovides for exchange	, reclassification, or car	ncellation of issued s	hares, provisions
or implementing i	he amendment if not	contained in the amend	iment itself: (if not app	plicable, indicate N/
-				
N/A/				
				<del></del>
		(continued)		

The date of each amendment(s) adoption: 10/20/2004
Effective date if applicable: 10/20/2004
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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 cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 20 day of OCTOBER 2004
Signature x Abdilles Thetadel
(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)
SHEHADEH, ABDEL K.
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

FILING FEE: \$35