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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Joan's Kwik Stop | Country Store Inc | | | |
|---------------------------|--|--|--|----------------------|------------|
| DOCUMENT NUMI | BER: P07000132962 | | | | |
| The enclosed Articles | of Amendment and fee are su | ıbmitted for filing. | | | |
| Please return all corres | spondence concerning this ma | atter to the following: | | | |
| | Terri Rementeria | | | | |
| | | Name of Contact Person | n | | |
| | | Firm/ Company | | | |
| | P.O. Box 279 | | | | |
| | Address | | | | |
| Everglades City, FL 34139 | | | | | |
| | | City/ State and Zip Cod | e | | |
| msrei | menteria@gmail.com | | | 19 | : <u>s</u> |
| | E-mail address: (to be u | sed for future annual report | notification) | <u> </u> | |
| For further information | n concerning this matter, plea | se call: | | _ _ ∓= | |
| Terri Rementeria | | at (<u>239</u> | 272-8956 | :6 Hţ | F STA |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number | <u>-58</u> | 101 JE |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: | | <i>0</i> 5 |
| S35 Filing Fee | □\$43.75 Filing 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) | | |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Joan's Kwik Stop Country Store Inc

| P07000132962 (Document Number of Corporation Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation: A. If amending name, enter the new name of the corporation: | | | | |
|---|---|--|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation: | | | | |
| its Articles of Incorporation: | t Corporation adopts the following amendmen | | | |
| A. If amending name, enter the new name of the corporation: | | | | |
| | | | | |
| name must be distinguishable and contain the word "corporation," "company "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional association," or the abbreviation "P.A., 39395 | essional cornoration name must contain the | | | |
| 3 8477 Tae | 3 9 37 3 3 8477 Tamiami Trail East | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ochopee. | FL 34141 | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O. Box I | 279 | | | |
| Everglades | s City, FL 34139 | | | |
| | | | | |
| D. If amending the registered agent and/or registered office address in Floridanew registered agent and/or the new registered office address: | a, enter the name of the Same of the Same of the | | | |
| Name of New Registered Agent | | | | |
| 338477 Tamiami Trail East, Ochopee, FL | . 34141 | | | |
| 39395 (Florida street address) | | | | |
| New Registered Office Address: 28477 Tamiami Trail East, Ochopee | , Florida | | | |
| (City) | (Zip Code) | | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. Ta 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------|------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| | | Sally Smith | |
| X Add | <u>SV</u> | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>P</u> | Joan M. Griffin | P.O. Box 383 |
| Add | | | Everglades City, FL 34139 |
| X Remove | | | |
| | | | 39395 |
| 2) Change | р ——— | Terri Rementeria | 38477 Tamiami Trail East |
| X Add | | | Ochopee, FL 34141 |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Add Remove | | | |
| Kemove | | | - |
| 5) Change | | | |
| Add | | | |
| Remove | | | - |
| 6) Change | | | |
| Add | | | |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |

| | ption: | , if other |
|---|--|------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Dep. | ock does not meet the applicable statutory filing requirements, this drartment of State's records. | ate will not be listed |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adop by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendment(icient for approval. | s) |
| | oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes cast fo | or the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| | ted by the board of directors without shareholder action and sharehold | er |
| ☐ The amendment(s) was/were adop action was not required. | ted by the incorporators without shareholder action and shareholder | |
| Dated | 26/2019 | |
| Signature VE | will sugnite and | |
| (By a din | ector, president or other officer - if directors or officers have not been | |
| | by an incorporator – if in the hands of a receiver, trustee, or other cou | rt |
| appointe | d fiduciary by that fiduciary) | |
| | TERRI KEMENTERIA | |
| _ | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| - - | (Title of person signing) | |