G62731

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ENZEAL CORPORATION
DOCUMENT NUMBER: 662731
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wais Smeda (Name of Contact Person)
(Name of Contact Person)
Lex International
(Firm/ Company)
100 SE 2nd St # 2222
(Address)
Miani FL 33131 (Chy/ State and Zip Code)
(City/ State and Zip Code)
lex Jusa@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lucius Snyda at (305)358-9990
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Set Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Set Certified Copy (Additional Copy is Enclosed)

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles	of	Incorporation
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F. 10-	of .	~~\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	15 HOV - 3	AH 10: 5
(Name of Corporation	as currently filed wir	th the Florida Dept. of	State)	<u></u>
6	62731	*	TALAIA	l', H.L.r
(Docum	nent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this Flor	ida Not For Profit Corp	oration adopts the	following
A. If amending name, enter the new name of the	corporation:			
				_The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l"corporation" <i>or</i> "in <u>e</u>	corporated" or the abbr	eviation " Corp."	or "Inc."
B. Enter new principal office address, if applica		· · · · · · · · · · · · · · · · · · ·		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register		n Florida, enter the na	me of the	
Name of New Registered Agent:				
			11 12 11	
		(Florida street addi	ress)	
New Registered Office Address:				
	(Cini)	·	_, Florida (Zip Code)	
	(City)		(Lip Coue)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		and accept the obligation	ns of the position.	
	Signature of	New Registered Agent, i	f 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)

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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PD	Sem, T	
2) X Change Add	PD	CONSTANTE, JUAN	444 Brickell Ave. # 51-246
Remove 3) Change Add Remove	<u>vp</u>	SMEJDA, LUCIUS	Miani, FL 33131 444 Brickell Ave # 51-246 Miani, FL 33131
4) Change Add Remove	TS	Nuh, Alpay	444 Brickell Ave. # 51-246 Miani, FL 33131
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional A (attach additional sheets, if necessary,). '(Be specific)	 -			
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The date of each amendment(s) date this document was signed.	adoption: 1)- 2 - 1 >	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the ameroval.	ndment(s)
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) we ectors.	as/were
Dated	11-2-15	
have not	nairman or vice thairman of the board, president or other officer-if of been selected, by an incorporator – if in the hands of a receiver, truirt appointed fiduciary by that fiduciary)	
	CONSTANTE (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	