NMODDO 378

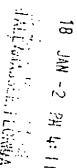
Office Use Only



700307190027

01/02/18--01031--003 **35.00

JAN 03 2018



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: THE ZOUK Collective. Foundation INC.
1.7.0000 7066
DOCUMENT NUMBER: N1700000 3998
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Jean Louis
(Name of Contact Person)
THE ZOUK Collective Foundation INC.
(Firm/ Company)
12717 Sunrise Blud. 5-1 251 (Address)
(Address)
Sunaire Florida 33323.
(City/ State and Zip Code)
PJechlouiz Gamail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Jean Lans at 786 338 5635 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTable to a contract of the contract of

2661 Executive Center Circle

Tallahassee, FL 32301

. Articles of Amendment to Articles of Incorporation of

THE Zaik Collective Foundation INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N.700000 3998

	mber of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida Sta- amendment(s) to its Articles of Incorporation:	tutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpe	* **	The new
"Company" or "Co." may not be used in the name.	naum or incorpord	кей от те итпестиют Стр, от те.
B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRES)	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		2
D. If amending the registered agent and/or registered of	office address in Flori	la, enter the name of the
new registered agent and/or the new registered offic		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and acc	ept the obligations of the position.
	Signature of New Re	gistered 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)

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>M</u>	hn Doc ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>.75</u>	STANLEY LECONTE	12717 SUNRISE BIND
Add		·	SUNPLYE -FLOYING A
<u>'</u> ★ Remove			33323
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding attach additional sheet	ts, if necessary).	(Be specific)			
			 	· · -	** **
			 	-	
		<u></u>	 		
		 			
			 	<u> </u>	·
	 _				
			 		
		_	 		
			 	,	

The date of each amendment(s) ac	loption: 4-12-2017	, if other than the
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 De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes cast for the amendal.	lment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was ors. \bigcirc	s/were
DatedSignature	11/22/2017	
(By the chair have not be	rman or vice chairman of the board, president or other officer-if dien selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	rectors tee, or
	Paul Jan Lour	
	(Typed or printed name of person signing)	
	Vice President. (Title of person signing)	
_	(Title of person signing)	