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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amenda

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION:	AMZAM, INC.	
DOCUMENT NUMBE	R:	P02000025074	
The enclosed Articles of	*Amendment and fee an	re submitted for filing.	
Please return all correspondent	ondence concerning thi	s matter to the following:	
	BHARA	ATKUMAR PARBHOO	
,	N	ame of Contact Person	
		AMZAM, INC.	
		Firm/ Company	
	113 8	SAGECREST DRIVE	
		Address	
		COEE, FL 34761	
	C	ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further information	concerning this matter,	please call:	
BHARATKUI	MAR PARBHOO	at (407)	316-5790
Name of Cor	ntact Person	Area Code & Daytime To	elephone Number
Enclosed is a check for t	he following amount m	nade payable to the Florida Depa	rtment of State:
☑ \$35 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
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327	tion	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

LAIAI	ZAM, INC.	<i>7</i> 0.
(Name of Corporation as curre	ently filed with the Florida Der	ot. of State)
P02	000025074	
(Document Nun	nber of Corporation (if known)	
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the
If amending name, enter the new name o	f the corporation:	
ne must be distinguishable and contain		The
reviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro		
Enter new principal office address, if app		
incipal office address <u>MUST BE A STREE</u>	<u>(T ADDRESS</u>)	
	-	
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
		
		
If amending the registered agent and/or i		rida, enter the name of the
new registered agent and/or the new regi	stereu omce address:	
Name of New Registered Agent:		·
		
•	(Elouida atuant addun	is)
New Registered Office Address:	(Florida street addres	
New Registered Office Address:	(Fioriaa sireei aaares	, Florida

Signature of New Registered Agent, if changing

removed and	l title, name, and address of eac	enter the title and name of each officer/d ch Officer and/or Director being added:	irector being
(Attach additi	ional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	NALINI PARBHOO	113 SAGECREST DRIVE OCOEE, FL 34761	_ ☑ Add _ ☐ Remove
			_
			_
	·		
	· · · · · · · · · · · · · · · · · · ·		
<u>provision</u>		nge, reclassification, or cancellation of is ment if not contained in the amendment	
			- · · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: NOVEMBER 4, 2010
Effective date <u>if applicable</u> :	NOVEMBER 4, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated NO	VEMBER 4, 2010
Signature S	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	BHARATKUMAR PARBHOO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)