P05000051993

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SECRETARY OF STATE

JUN 2 1 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ZOHAR EN	NTERPRISE,ING	C .
DOCUMENT NUMBER: P0500005199		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LEEORA SALIM		
ZOHAR ENTERF	Name of Contact Perso PRISE, INC.	n
DODOV 000700	Firm/ Company	
POBOX 398706	4.11	
MIAMI,FL,332398	Address	
	City/ State and Zip Cod	e
LEEORA14@GMAIL		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
LEEORA SALIM	at (305_	, 538-6520
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



ZOHAR ENTERPRISE, I	NC.			17/2:
	s currently filed with the Fl	orida Dept. of State)		-
P05000051993				
(Docume	nt Number of Corporation (if	known)		-
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporat	ion adopts the followin	g amendmen
A. If amending name, enter the new n	ame of the corporation:			·
				The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional co	corporated" or the acceptoration name must	- bbreviation
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		4450 ALTON RD		
		MIAMI BEACH		•
		FLORIDA,33140		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		POBOX 398	706	
		MIAMI,FL,		•
		332398706		-
. If amending the registered agent an		ess in Florida, enter th	e name of the	
new registered agent and/or the nev	v registered office address: LEEORA SALIM			
Name of New Registered Agent				
	4450 ALTON RE			
	(Florida stree	•	22440	
New Registered Office Address:	MIAMI BEACH,F	'L , Flo	orida 33140	
	(City)		(Zip Code)	

Signature of New Registered 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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	PVST	SALIM MOUISE	3015 NW 79TH ST,SUITE E50 MIAMI FL 33147
2) Change Add Remove	D	SALIM MOUISE	3015 NW 79TH ST.SUITE E50 MIAMLEL,33147
3) Change Add Remove	PVST	LEEORA SALIM	4450 ALTON RD MIAMI BEACH,FL,33140
4) Change Add Remove	D	LEEORA SALIM	4450 ALTON RD MIAMI BEACH,FL,33140
5) Change Add Remove			
6) Change Add Remove		_	

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
		_
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: UO/ 17/2012
Effective date if applicable: 06/17/2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted 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.
Dated 06/17/2012
Signature Leena Latin
(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)
LEEORA SALIM
(Typed or printed name of person signing)
VP
(Title of person signing)