

P06 000035964

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08/28/06--01048--014 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 3:00

Amendment

08/31/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ZIONWAY ENTERPRISES INCORPORATED

DOCUMENT NUMBER: P06000035964

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

90 Miss Shirley Catherine Demps
(Name of Contact Person)

Zionway Enterprises Incorporated
(Firm/ Company)

Post Office Box # 104
(Address)

Clearwater Florida 33755
(City/ State and Zip Code)

For further information concerning this matter, please call:

Miss Shirley Catherine Demps at (727) 678-0198 office #
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
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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

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

Articles of Amendment
to
Articles of Incorporation
of

Zionway Enterprises Incorporated
(Name of corporation as currently filed with the Florida Dept. of State)

P06000035964

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)

- A. and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
- | | |
|--|---|
| 1. delete and remove Jasmine M. Brown | Physical address
Shirley C. Demps 1929 Chenango Avenue Apt B, CLW FL 33755 |
| 2. delete and remove Jahkade A. Tafari | |
| 3. delete and remove Zaire A. Tafari | TO NEW:
Physical Address Shirley C. Demps |
| 4. delete and remove Zeden Tafari | 1725 1/2 Fulton Ave. Ste. A 1 |
| 5. delete and remove Jahnyah Tafari | Clearwater, Florida 33755 |

Delete and remove the above previous listed officers & director who are all under the age of 18 years of age and are not qualified Authorized signers until they all reach the age of 18 yrs. old.
(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

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DIVISION OF CORPORATIONS
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The date of each amendment(s) adoption: 8/22/2006

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved 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.

Signature

Miss Shirley Cataevia Demps

(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)

Miss Shirley Cataevia Demps
(Typed or printed name of person signing)

C.F.O./Chief Financial Officer
(Title of person signing)

FILING FEE: \$35