# P0800000 39387

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Вь	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

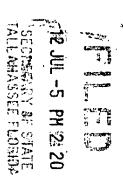
Office Use Only



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(JUL 0 6 2012 T. ROBERTS

### **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: ZURC DOCUMENT NUMBER: P080000	39387
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mike Cruz	
ZURC INC.	Name of Contact Person
9040 SW 5	Firm/ Company  5th Ct.
Cooper City	Address y, FI 33328
	City/ State and Zip Code
contact@zurc.	.net
	to be used for future annual report notification)
For further information concerning this matte	er, please call:
Mike Cruz	at (954 ) 6084663  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
\$35 Filing Fee	<del>-</del>
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**



# ZURC INC.

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

# PUSUUUU 20382

ent(s) to

- (Document Number of Corporatio	
. (Document Number of Corporatio	n (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, to Articles of Incorporation:	his Florida Profit Corporation adopts the following
If amending name, enter the new name of the corporation:	
and the district of the desired of t	2 0 0 0 0 10 11 d.
me must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o	r "Co". A professional corporation name must
ord "chartered," "professional association," or the abbreviation  Enter new principal office address, if applicable;	9040 SW 55th Ct.
rincipal office address MUST BE A STREET ADDRESS	Cooper City, FI 33328
Enter new mailing address, if applicable:	9040 SW 55th Ct.
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	Cooper City El 33328
	Cooper City, FI 33328
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the
If amending the registered agent and/or registered office a new registered agent and/or the new registered office address of New Registered Agent Mike J. Cruz	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addi	ddress in Florida, enter the name of the ess:
Name of New Registered Agent Mike J. Cruz 9040 SW 55	ddress in Florida, enter the name of the ess:  5th Ct.  a street address)
Name of New Registered Agent Mike J. Cruz  9040 SW 55	ddress in Florida, enter the name of the ress:  5th Ct.  I street address)

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> .	John Doe	
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) X Change Add Remove	PTD	Mike J. Cruz	9040 SW 55th Ct. Cooper City, FI 33328
2) Change X Add Remove	<u>v</u>	Cynthia M. Rodas	4917 SW 162nd Ave. Miramar, Ft 33027
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		<del></del>	



E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)	
<del></del>		
		·
<del></del>		
		<u></u>
<u></u>	**************************************	<del></del>
provisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:  to Mike J. Cruz, 49% to Cynthia M. Roda	ıs.
'		
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The date of each amendment(s) adoption: 06/11/2012		
Effective date if applicable: 06/11/2012		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> 06/11	/2012	
	director, president or other officer – if directors or officers have not been	
selecte appoin	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	Mike J. Cruz	
	(Typed or printed name of person signing)	
	PTD	
	(Title of person signing)	