# P09000048871

· (Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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08/14/09--01016--009 \*\*43.75

Amend

09 AUG 27 PM 2: 41
SEGRETARY OF STAT

AUG 20200



August 19, 2009

MAXIMO A. SUAREZ ZHARTEK CAPITAL CORP 212 N .E. 89 STREET EL PORTAL, FL 33138

SUBJECT: ZHARTEK CAPITAL CORP.

Ref. Number: P09000048871

We have received your document for ZHARTEK CAPITAL CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

DBA'S are not filed with the corporation. Please correct your document. You may filed your dba on our web site at www.sunbiz.org.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 209A00028164

MECENVED 1009 AUG 27 AH 8:0

Division of Comparations D.O. DOV 6207 Welliabassos Florida 2021

#### **COVER LETTER**

• TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	DRATION:	Zhartek Capital Corp.			
DOCUMENT NUM	1BER:	P0900048871			
The enclosed Article	es of Amendment and fee a	re submitted for filing.			
Please return all corr	espondence concerning the	is matter to the following:			
_		Maximo A. Suarez			
	N	lame of Contact Person			
_	Zhartek Capital Corp.				
		Firm/ Company			
_	2	12 N.E. 89 Street			
		Address			
	El Portal FL 33138				
		ity/ State and Zip Code			
<del>/</del>	E-mail address: (to be use	omax48@aol.com d for future annual report notification)	and the state of t		
For further informati	on concerning this matter,	please call:			
		at ( 305 ) 7	59-3931		
	f Contact Person	Area Code & Daytime Tel			
	for the following amount n	nade payable to the Florida Depar	tment of State:		
□ \$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	\$\bigsquare\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Add Amendment		Street Address Amendment Section			
Division of Corporations		Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

#### **Articles of Amendment** fo · **Articles of Incorporation**

. . . . . . . . 09 AUG 27 PM 2: 46
SECRETARY OF STATE

**Zhartek Capital Corp.** 

Zhartek Capital Corp.	ALLAHASSEF FISTATE
(Name of Corporation as currently filed with the Florida Dept. of State)	MASSEE, FLORIDA

### P09000048871

(Document N	umber of Corpora	tion (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this Florida	Profit Corporation add	pts the follo
A. If amending name, enter the new name	e of the corporation	on:		
	NA			The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	Corp," "Inc," or	"Co". A professional	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.		NA		_
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new recommendation.	FICE BOX) or registered office		ida, enter the name of	
Name of New Registered Agent:	NA			
New Registered Office Address:	(Flor	rida street address	<del>)</del>	
	NA		, Florida	
	(City)	)	(Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	d agent. I am fam			ne position.

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:

(At)	tach	additional	sheets.	if necessary
711	iucn	uuumonu	sneets.	II necessari

Title	Name	Address	Type of Action
CEO	Miriam Freitas	212 NE 89 Street El Portal FL 33138	
SEC	Koeller Maggie	212 NE 89 Street El Portal FL 33138	
SEC	Maximo A. Suarez	212 NE 89 Street El Portal FL 33138	✓ Add ☐ Remove
NA NA	dditional sheets, if necessary). (Be	specificy	
F. Ifana	mendment provides for an exchang	e, reclassification, or cancellation	of issued shares,
provisi	ons for implementing the amendment of applicable, indicate N/A)		
The comp	pany will issue 1,000,000 share	s with a par value of \$1.00 Do	ollar each.

Smittherson Joshua

212 N.E. 89 Street

Type of Action Remove

El Portal FL 33138

The date of each amendment(s) adoption: 08/10/2009			
Effective date <u>if applicable</u> :	***********	(date of adoption is required)	
. ` '	(no more than 90	days after amendment file date)	
Adoption of Amendment(s)	( <u>CHI</u>	ECK ONE)	
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) pproval.	
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amend	lment(s) was/were sufficient for approval	
<sub>by</sub> 3 Votes		,,	
- / <u></u>	(voting group)		
The amendment(s) was/we action was not required.	ere adopted by the l	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 08/	10/2009		
(B <sub>1</sub>		ent or other officer – if directors or officers have not been corator – if in the hands of a receiver, trustee, or other court y that fiduciary)	
		Maximo A. Suarez	
	(Тур	ed or printed name of person signing)	
		President	
	(Title of	person signing)	