## P1000029452

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PICK-UP	WAIT MAIL	
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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Wes	tside fool of Zaidal, Inc			
	00 29452			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
В	nH Baac			
	Name of Contact Person			
	Firm/ Company			
2191 University Blud 5				
	Jucksonville FL 32216			
	City/ State and Zip Code			
Brette	ISAGE TAX CPA. COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brett Baal	at ( 504 ) 730-9264  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:			
\$35 Filing Fee Secretificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment Articles of Incorporation

Westside Poul

Maocris M.

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

P1000002945L

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the f	ollowing amendme
A. If amending name, enter the new name of the co	erporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	." "Inc," or "Co". A profe,	," or "incorporated" or ssional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered of Name of		, enter the name of the	
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·
	(Florida street address)		<del></del>
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Regi		t the obligations of the ne	of singe
I hereby accept the appointment as registered agent.	r am jamutar with and accept	the obligations of the po	suion.
Signe	ature of New Registered Agen	t, 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.

V D	17		
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change	P	Basel Hababa	2037 Epsilon ct.
Add Remove			5015 Long Fron Dr.
2)Change	P	Lakeview Xiong	5015 Long Fron Dr. Idianaplis, Ind.
Remove 3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove  6) Change Add Remove			

<ul> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ul>	(Be specific)
	<del></del>
·	
	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	<del></del>
· · · · · · · · · · · · · · · · · · ·	<del></del>
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
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	
· A	
(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)	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	