P10000039884

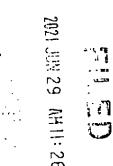
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Ziadora, Inc			
	MBER: P10000039884			
	es of Amendment and fee are si	ubmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	Maurya Hellane			
		Name of Contact Pers	son	
	Ziadora, Inc			
		Firm/ Company		
	18245 Paulson Drive	· ·		
		Address		
	Port Charlotte, FL 33954	1 1001 000		
	·	City/ State and Zip Co	ada.	
For further informati Maurya Hellane	E-mail address: (to be u			
	e of Contact Person	at () 564-9780	
	for the following amount made		ode & Daytime Telephone Number	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			t Address	
	nendment Section vision of Corporations	Amendment Section		
	D. Box 6327	Division of Corporations The Centre of Tallahassee		
	llahassee, FL 32314	2415 N. Monroe Street, Suite \$10		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ziadora, Inc

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
	60 1 20
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A Z
	2
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office addi	ress:
Name of New Registered Agent N/A	
(Florida	u street address)
New Registered Office Address: N/A	Florida
	(City) (Zip Code)
Non-Burker Land Community of the Communi	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	<u>ent:</u> iar with and accept the obligations of the position
	www.sourcespeakers.
<u> </u>	
Signature of Nev	w Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

_ Add

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 PT John Doe X Remove \underline{V} Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) CFO Louise Picard 18245 Paulson Drive 1) ____ Change Port Charlotte, FL 33954 Add Remove Change ____ Add __ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add _ Remove 5) ____ Change Add ____ Remove 6) ____ Change

f <mark>amending or adding additional Arti</mark> attach <i>additional sheets, if necessary).</i>	(Be specific)				
			<u> </u>		
					
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-					
<u>- </u>	 -	*	 -	<u> </u>	
	· -				
<u> </u>					
·		-			
					
an amendment provides for an exch	ange reclassificatio	n or cancellation	of icenad charge		
rovisions for implementing the amer	dment if not contai	ned in the amena	lment itself		
(if not applicable, indicate N/A)					
					
	-	-			

The date of each amendment(s) added this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
<u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the repartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	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 cas	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
selecto	line for, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiductory by that fiduciary) Maurya Hellane (Typed or printed name of person signing)
	(Title of person signing)