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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ZORHEK ACDOCUMENT NUMBER: P11000001783	QUA FARMS, INC.
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
GREG K GONZAL	LEZ, CPA
	Name of Contact Person
GREG K GONZAL	LEZ, CPA, P.A.
	Firm/ Company
5201 BLUE LAGO	OON DR STE. 800
	Address
MIAMI, FL 33126	
	City/ State and Zip Code
GREG@GREGGONZ	ZALEZCPA.COM
	ed for future annual report notification)
For further information concerning this matter, please	e call:
GREG K GONZALEZ, CPA	_{at (} 305) 629-3569
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed) \$\int_{\$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

FILED

pg OCT OH PM 2: 15

ZORHEK AQUA FARMS, INC	SECRETARY OF STATE
(Name of Corporation as currentl	y filed with the Florida Dept. of State
P11000001783	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or i	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	ible: DDRESS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(ap com)
New Registered Agent's Signature, if changing	Registered Agent:
	nt. I am familiar with and accept the obligations of the 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:

(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) Change	VP	JUAN SALAZAR	32800 SW 202 AVE
XAdd			HOMESTEAD, FL 33034
Remove			·
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	···-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
					
		<u>·</u>			
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			<u></u>		
					•
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifi ndment if not co	cation, or cance ontained in the	llation of issue amendment its	d shares, elf:	

 $x \in \P_{-1} \times \{x \in A\}$

The date of each amendment(s)	adoption: 09/30/2013
Effective date if applicable:	9/30/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were acceptation was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 09/30	/2013
Signature	Indres Salazar
select	director, 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 nted fiduciary by that fiduciary)
	ANDRES SALAZAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

 $e^{-\frac{2\pi i}{2}(1+\frac{2\pi i}{2})} \leq e^{-\frac{2\pi i}{2}}$