P-11000001783

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ZORHEK AQUA	FARMS, INC.	
DOCUMENT NUMBI	P11000001783		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	ANDRES SALAZAR		
-		Name of Contact Persor	
	ZORHEK AQUA FARMS, I	NC.	
-		Firm/ Company	
	32800 SW 202 AVE		
_		Address	_
]	HOMESTEAD, FL 33034		
-		City/ State and Zip Code	3
ZORH	EKAQUA@GMAIL.COM		
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ANDRES SALAZAR		at (<u>305</u>	342-3760
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

ZORHER AQUA FARMS, INC.	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P11000001783	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	The new reportation," "company," or "incorporated" or the abbreviation c." or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	# " -
	. æ
	·
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, enter the name of the address:
Name of New Registered Agent	
(Fi	lorida street address)
n i tom III.	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am f	amiliar 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)	Title	<u>Name</u>	<u>Addres</u> s
	P	JUAN SALAZAR	32800 SW 202 AVE
1) Change Add X Remove			HOMESTEAD, FL 33034
2) Change	P	ANDRES SALAZAR	32800 SW 202 AVE
X Add			HOMESTEAD, FL 33034
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	. (Be specific)	
`		.
If an amendment provides for an ex	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
Effective date if applicable: _		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	r
10/05/2 Dated	017	
V Signature (Indres Salazar	
(By	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	een court
	ANDRES SALAZAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	