## P110000095539

(Re	questor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIRIAM DE TORO Name of Contact Person MIRIAM DE TORO CPA PLLC Firm/ Company 3850 SW 87 AVE, STE 301 Address MIAMI, FL 33165 City/ State and Zip Code MIRIAM@DETOROCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIRIAM DE TORO Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

## ORZARA, INC

(Name of Corporation s	as currently filed with the Florida Dept. of State)	
	is currently (nea with the right day Dept. of Chate)	
P	11000095539	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atules, this Florida Profit Corporation adopts the follow	ring amendment(s)
. If amending name, enter the new name of the corpo	oration:	
		The new
ame must be distinguishable and contain the word " Corp.," "Inc.," or Co.," or the designation "Corp," " ord "chartered." "professional association," or the abb	'Inc," or "Co". A professional corporation name mus	abbreviation st contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	(223)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ce address:	
If amending the registered agent and/or registered new registered agent and/or the new registered offi      Name of New Registered Agent	office address in Florida, enter the name of the ice address;	
new registered agent and/or the new registered offi	office address in Florida, enter the name of the ce address:  (Florida street address)	<del></del>
new registered agent and/or the new registered offi	ce address;	<del></del>

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)

Example:

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.

X Change	PT	John Doe			
X Remove	Ā	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	TD	SAMANTA Y PAOLA	P.O. BOX 451908		
Add			MIAMI, FL 33245		
X Remove	٠				
2) Change					
Add					
Remove					
3) Change	·	···			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
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Attach a	dditional sheets	additional Arti	(Be specific)				
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<u>provisio</u> :	ndment provid ns for impleme ot applicable, in	les for an excha nting the amen ndicate N/A)	ange, reclassif dment if not c	ication, or ca contained in t	ncellation of i he amendmen	sued shares, t itself:	
		·					
				<del></del>			

date this document was signed.	phon, it other train to
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bidocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as thurtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopty the shareholders was/were suf	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	wed by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	23/15
Signature 🗸	
selected	efor, president or other officer – if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Maria A Deolinda Morrone
	(Typed or printed name of person signing)
	President
-	(Title of person signing)