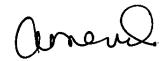
# P14000035758

(Re	equestor's Name)	<u></u>
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	

Office Use Only

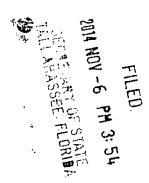


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FILING CANCELLED RETURNED CHECK



11 /17/14

### COVER LETTER

**TO:** Amendment Section Division of Corporations

	· · · · · · · · · · · · · · · · · · ·	JIORS CORE	<del></del>	
DOCUMENT NUMBI	ER: P14000035	758		
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
(	Carlos Zorrilla			
-		Name of Contact Person	n	<del></del>
-		Firm/ Company		
_	7330 Shalimar	st.		
		Address		
1	Miramar, Florid	da 33023		
_		City/ State and Zip Cod	e	
azlr	motors2020@g	gmail.com		
		<del></del>	<del></del>	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	E-mail address: (to be us	•	notification)	
For further information  Carlos Zorri	concerning this matter, pleas	se call:	391-2913	
Carlos Zorri	concerning this matter, pleas	se call: at ( <b>954</b>		oer
Carlos Zorri	concerning this matter, pleas	se call: at ( <mark>954</mark> Area Co	391-2913 de & Daytime Telephone Numb	oer
Carlos Zorri	concerning this matter, pleas	se call: at ( <mark>954</mark> Area Co	391-2913 de & Daytime Telephone Numb	DET .

### **Articles of Amendment** to Articles of Incorporation

# FILING CANCELLED

to		F12-	-4
.Z.L. MOTORS CORP.		2014 HOY -6 PM	3: 5 <sup>4</sup>
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	Salt MA	ETATE
		SECOLARY OF TRILLARY SEE. F	LORISA
(Document Number of Corporation (if k	nown)	90M	_
suant to the provisions of section 607.1006, Florida Statutes, this Flanticles of Incorporation:	orida Profit Corporat		ng amendment(s
f amending name, enter the new name of the corporation:			
			The new
e must be distinguishable and contain the word "corporation," rp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cod "chartered," "professional association," or the abbreviation "P. Enter new principal office address, if applicable:	o". A professional ce	orporation name must	contain the
ncipal office address MUST BE A STREET ADDRESS )			_
<i>‡</i>			_
			-
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BQX</u> )			-
			_
If amending the registered agent and/or registered office addres	s in Florida, enter ti	ie name of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
		· <del></del>	
(Florida street	( address)		
New Registered Office Address:	, F	lorída	_
(City)		(Zip Code)	
			-,
Registered Agent's Signature, if changing Registered Agent:			
reby accept the appointment as registered agent. I am familiar wit	h and accept the oblig	gations of the position.	
		<del></del>	
Signature of New Registered Ag	ent, 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	FILING CANCELLE
X Remove	<u>V</u>	Mike Jones	RETURNED CHECK
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	Noithsa L. Carded	4621 SW 47 TERRACE
Add			Davie, Florida 33314
Remove			
2) Change	PT	Joseph Carl Torrance	4531 SW. 48 AVENUE
Add			Davie, Florida 33314
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		_	
Remove			
Remove			
5) Change			
Add			
Remove			
م 🗖 🛪			
6) Change			
Add			
Remove			

### FILING CANCELLED RETURNED CHECK

	cessary). (Be spec	r change(s) here: cific)		
	·			
	<del></del>			
	<del></del>			
		<del></del>		
If an amounture of the Co.	or an exchange, rec	lassification, or can not contained in th	cellation of issued st e amendment itself:	ares.
provisions for implementing (if not applicable, indica	te N/A)			
provisions for implementing	ne N/A)			
provisions for implementing	te N/A)			
provisions for implementing	te N/A)			
provisions for implementing	ne N/A)			
provisions for implementing	ne N/A)			

## FILING CANCELLED RETURNED CHECK

The date of each amendment	adontion:	CILCK	if other than the
date this document was signed.			
Effective date if applicable:	0/30/2014		
Effective date it appreciate.	(no more than 90 days after amen	dment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
<b>-</b>	<del></del>		
The amendment(s) was/wer by the shareholders was/we	adopted by the shareholders. The number of votes sufficient for approval.	cast for the amendment(s)	
	approved by the sharcholders through voting group for each voting group entitled to vote separately or		
"The number of votes	ast for the amendment(s) was/were sufficient for ap	proval	
by	(voting group)	,, ,	
	(voting group)		
The amendment(s) was/wer action was not required.	adopted by the board of directors without sharehold	ler action and shareholder	
The amendment(s) was/wer action was not required.	adopted by the incorporators without shareholder a	ction and shareholder	
Dated_10/3	/2014		
Signature	ezer Zabala		
(B) se	a director, president or other officer – if directors of oted, by an incorporator – if in the hands of a receive of the fiduciary by that fiduciary)		
* ».	Eliezer Zabala		
	(Typed or printed name of pe	rson signing)	
er.	(Title of person signi	ng)	