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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ZAHUR ENTERPRISES, LORD DOCUMENT NUMBER: <u>P 140000 61395</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ENZPOVE ZAHBYANO

Name of Contact Person ZAMUR ENTERPRISES, LORP 15725 SW 40th street YPRAHAR, FL 33027
City/ State and Zip Code Sandy5783 & Yahoo. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EARIQUE ZAHBRAND at (954) 4409276

Contact Person Area Code & Daytime Telephone Number Enclosed is 4 check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

DIVIDLED A PROTECT A

ZAMUR Ente	eprises,	wap.	15 NOV 2	D PM 3:55
(Name of Corpora	ation as currently fil	ed with the Florid		
D 14000	0061395			
<u> </u>	ument Number of Co	rporation (if knows	n)	
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this <i>Flor</i>	ida Profit Corpord	ation adopts the following	lowing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co vord "chartered," "professional association," or to	orp, " "Inc, " or "Co"	'. A professional		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A				
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	- BOX)			
	-			
D. If amending the registered agent and/or regis new registered agent and/or the new registered		<u>in Florida, enter t</u>	the name of the	
Name of New Registered Agent				
	(Florida street a	iddress)		 .
New Registered Office Address:			. Florida	
	(Cit _j	Ø		(Zip Code)
New Registered Agent's Signature, if changing R	?egistered Agent∙			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. 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	У	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	UZREA, MARPA	15725 SW 40+h 5
Add			MPRAHAR, FL 33027
Remove			
2) Change	D	Zanbrano, ANDRES	15725 SW 40th ST
Add			MPRAHAR, FL 33027
Remove			,
3) Change	<u>S</u>	Zambeang Alejandro	
Add			HPRAHAR, F) 3302
L Remove			
4) Change			
Add		·	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	•
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	`

The date of each amendment(s) ad	option:		, if other than the
late this document was signed.		ยเพื่อ และก	See a see
Effective date <u>if applicable</u> :			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(no more than 90 days	s after amendment fil d छ वस्थि । 20	PH 3: 55
Note: If the date inserted in this blocument's effective date on the Dep		statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ado by the shareholders was/were suf		per of votes east for the amendmen	t(s)
☐ The amendment(s) was/were appropriately provided for	roved by the shareholders through veach voting group entitled to vote so		nent
"The number of votes cast f	for the amendment(s) was/were suff	icient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were ado action was not required. The amendment(s) was/were ado action was not required.	pted by the board of directors witho		der
Dated//	-17-15		
Signature	MUANT		
(By a di	rector, president of other officer – i	f directors or officers have not bee	n
selected	l, by an incorporator – if in the hand	ls of a teleiver, trustee, or other co	urt
appoint	ed fiduciary by that fiduciary)	The second	
	I WHAT	ENDIONE Z	CAHBOAN D
•	(Typed or printy) name		
	/	President	
•	Title of per		