## P14000062127

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(City/State/Zip/Phone #)
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ON SEP 28 PM 12: LO

R. HUNT 09/25/23

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: ZENERATION SA	ALES INC		
DOCUMENT N	UMBER: P14000062127		· <del>-</del>	
	cles of Amendment and fee are su	abmitted for filing.		
Please return all c	orrespondence concerning this ma	ntter to the following:		
	NALINI MANIAR			
	<del></del>	Name of Contact Person	n	
	ZENERATION SALES INC	•		
	<u> </u>	Firm/ Company	<del></del>	,-
	2306 NW 96 WAY	i iiii Gompaniy		2023 SEP 28 FH 12: 40
	<del> </del>	Address		SE
	CORAL SPRINGS, FL 3306	55		28
		City/ State and Zip Cod	e	- TO
	nalinimaniar@gmail	COM		7.1Z
	<del>-</del>	sed for future annual report	notification)	
For further inform	nation concerning this matter, plea	se call:	471-7387	,
Na	me of Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a chec	ek for the following amount made	payable to the Florida Depa	artment of State:	
Signification S	e □\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

7	CNU	CD.	(TI	ONL	CAL	FS	INC	
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ZENERATION SALES INC		
(Name of Corporation as currently f	iled with the Florida Dept. of State)	
P14000062127		
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "con" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."		viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del>-</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	OIVISION OF CORFORATIONS  2023 SEP 28 PH 12: 40
new registered agent and/or the new registered office address:		• • • • • • • • • • • • • • • • • • •
Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	. Florida	
(Ci		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	a and accept the obligations of the posit	ion.
Signature of New Regi	siereu Ageni, ij changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),	F.S.	

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	<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	Name	<u>Addres</u> s
1) Change	P	NALINI MANIAR	2306 NW 96 WAY
Add X Remove			CORAL SPRINGS, FL 33065
2) Change	P	HIRSH MANIAR	2306 NW 96 WAY
X Add			CORAL SPRINGS, FL 33065
Remove Change			
Add			2023 2023
Remove 4) Change Add			3 SEP 28 PM 12:
Remove 5) Change Add			8 FA (6) (2) (40
Remove 6) Change Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
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		2023	3
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		PH 12:	9
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or an amendment provides for an exc	nange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	<u>ares,</u>	
(if not applicable, indicate N/A)			
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
☑ 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 reach voting group entitled to vote separately on the amendment(s):	
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
by	···	01 <sup>-</sup>
	(voting group)	DIVISION (
09/25/202	3	P 2007
Dated		28
Signature	NI Namer.	PH IS
(By a 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 need fiduciary by that fiduciary)	O OF STATE PH 12: 40
	NALINI MANIAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	