P1400090296

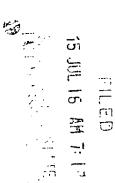
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ZANO HOLDINGS INC DOCUMENT NUMBER: P14000090296
DOCUMENT NUMBER: P14000090296
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHAHLA KHAN
Name of Contact Person
Firm/ Company
1337 Mill CREEK CIRCLE
1337 1711/ CREEK CIRCLE Address KISSIMMEE FL 34744 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shahla KNAN at (407) 283-1969 Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

ZANO HOL	101865	INC.		
(Name of Corp.	oration as currently	filed with the Florida Dep	t. of State)	
P14	00009029	16		
(D	ocument Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this F	Florida Profit Corporation a	dopts the following amendr	nent(s) to
A. If amending name, enter the new name of t	he corporation:			
NA			The no	an a
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C or the abbreviation "I	Co". A professional corpor	orated" or the abbreviati	on
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		$-\sim$ /A		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	N/A		-
D. If amending the registered agent and/or re-	gistered office addre	ess in Florida, enter the na	me of the	
new registered agent and/or the new regist	ered office address:		- C	
Name of New Registered Agent	N/A			-17
	/		多 6	
	(Florida stre	et address)	High 🖀	D
New Registered Office Address:			, Florida = = = =	_
	(City)	(Zip Cöde) —)
			*	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ith and accept the obligation	ns of the position.	
	Signature of New Re	gistered 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes en		
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	VP	2	AL-HAMED M	OHAMIMED.	6001 URBANLN.
Add			,	-	Apr. 19204
X Remove				-	GOOI URBANLN. Apt. 19204 Kissimmee FL 34747
2) Change		_			
Add				-	
Remove				-	
3) Change		_			
Add				-	<u></u>
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			·····
Add					
Remove					
6) Change				-	
Add				-	
D					

Attach ad	ditional sheets	aggiuonai Art i, if necessary).	icles, enter char (Be specific)	<u>ige(s) here</u> :			
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<u>If an ame</u>	ndment provi	ides for an excl	hange, reclassifi endment if not c	<u>ication, or can</u>	cellation of iss	ued shares,	
provision	ons for implem ot applicable, i	enting the ame	<u>indment if not c</u>	ontained in th	e amendment	<u>itself:</u>	
(1) 110	or appricable, i	maicule WA)					
	NH						
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				-			
		- -					

The date of each amendment(s) adoption: July 1 2015	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Sulfa	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SHAHLA KHAN	
(Typed or printed name of person signing)	
V. A. T	

(Title of person signing)