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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ZEN OF SUSHI II	NC		
DOCUMENT NU	MBER: P16000059256			
The enclosed Articl	les of Amendment and fee are su	bmitted for filing		
Please return all cor	respondence concerning this ma	tter to the following	ng:	
	GARY WILLIAM PECKHA	.M JR		
		Name of Cont	act Person	· · · · · · · · · · · · · · · · · · ·
	ZEN OF SUSHI INC			
	Firm/ Company			
	8950 S FEDERAL HWY I			
	Address			
	PORT ST LUCIE, FL 34952			
		City/ State and	Zip Code	
MΩ	Y-10IS@HOTMAIL.COM			
	E-mail address: (to be us	sed for future anni	ual report no	tification)
For further information	tion concerning this matter, pleas	se call:		
GARY WILLIAM	РЕСКНАМ ЈК	at (813	368-2233
Name of Contact Person		ar (& Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Flo	rida Departi	ment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional control of enclosed)	py	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P	mendment Section division of Corporations O. Box 6327 allahassee, FL 32314		Division of Clifton B 2661 Exe	ent Section of Corporations

40 mm _6 PM L: 57

Articles of Amendment to Articles of Incorporation of

ZEN OF SUSHI INC			
(Name of Corporation	n as currently filed with the Florida Dept. of State)		
P16000059256			
(Docume	nt Number of Corporation (if known)	 -	
Pursuant to the provisions of section 607,1006. Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the followin	ig amendm	nent(s) to
A. If amending name, enter the new name of the cor	poration:		
	- 	77	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ad-	"corporation," "company," or "incorporated" or the a "Inc," or "Co". A professional corporation name must bbreviation "P.A."	Thene bbreviatio contain th	011
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS)		
			
C. Enter new mailing address, if applicable:			5
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	·		N.S.
		 _);();();();();();();();();();();();();()
			25. 25.
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	6	
new registered agent and/or the new registered of	ffice address:	뫔	- 49% - 90%
Name of New Registered Agent		- 1 .	À
		-1	10 % S
-	(Florida street address)	-	O)
New Registered Office Address:	, Florida		
	(City) (Zip)	Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligations of the position.		
		_	
Signat	ure 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Pres	Gary William Peckham Jr	6509 Las Palmas Ave
Add			Port St Lucie, FI 34952
Pemove			
2) Change	VP	Liezle Peckham	6509 Las Palmas Ave
Add			Port St Lucie, FI 34952
Remove			
3) Change	S	Elsa Zamora	2077 SE Harding St
<u>×</u> Add			Port St Lucie, FI 34952
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Gary William Peckham Jr	65% Shares
Liezle Peckham	10% Shares
Elsa Zamora	25% Shares
F. If an amendment provides provisions for implementi (if not applicable, indicate)	for an exchange, reclassification, or cancellation of issued shares, ing the amendment if not contained in the amendment itself: cate N/A)

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
7/1/18 Effective date if applicable:		
	(no more than 90 days after amendment file o	fate)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirem of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes east for the or approval.	amendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes east for the an	nendment(s) was/were sufficient for approval	
65% by		
• —————————————————————————————————————	voting group)	
action was not required.	he board of directors without shareholder action as the incorporators without shareholder action and sh	
action was not required.	the meorporators without shareholder action and sh	archoraci
7/1/18 Dated		
Signature Call		
selected, by an in	esident or other officer – If directors or officers had neorporator – if in the hands of a receiver, trustee, ary by that fiduciary)	
Gary Wi	lliam Peckham Jr	
	(Typed or printed name of person signing)	
Pres		
	(Title of person signing)	

. . ,