P17000088317

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____CLOUD ZAMBIA CORP DOCUMENT NUMBER: P17000088317 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEO NAMUYAMBA Name of Contact Person CLOUD ZAMBIA CORP Firm/ Company 1314 E. Las Olas Blvd #1676 Address Ft. Lauderdale, FL 33301 City/ State and Zip Code NAMUYAMBA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEO NAMUYAMBA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 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 P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CLOUD ZAMBIA CORP		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P17000088317		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must co	
B. Enter new principal office address, if applicable:	1314 E. Las Olas Blvd	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	# 1676	
	Ft. Lauderdale, FL 33301	2120
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3850 S. University Drive # 292253	77 <u>20</u> 05C 1
	Davie, FL 33329	
		P 2:
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		بي
	331	
Name of New Registered Agent		
(Florida s	treet address)	
	•	
New Registered Office Address:	, Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt:	
тистем, иссерстве арронитет из тедіксегей адет. Тат затиш	wan and accept the obligations of the postal	OH.

Signature of New Registered Agent, if 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)	<u>Title</u>	<u>Name</u>	Address	
1) Change	S	AGBEKO-KWASI TOSU	3850 S. UNIVERSITY DR.	
X Add			#292253	
Remove			DAVIE, FL 33329	
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
1/A	
	
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. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	12/01/2020	
micetive date in applicable.	(no more than 90 day	s after amendment file date)
Note: If the date inserted in the document's effective date on the		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer		nber of votes cast for the amendment(s)
	approved by the shareholders through for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were su	fficient for approval
by		,"
	(voting group)	
12/01/2	020	
Dated		_
Signature	HHH 11	
(B y	adirector. president or other officer -	
		ids of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)	
	LEO NAMUYAMBA	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of person signing)