## P180000 45084

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SECRETARY OF STATE

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ON



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: ZAF ENTERPRIS	ES CORP	
	UMBER: P18000045084		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	correspondence concerning this ma	tter to the following:	
	<del> </del>	Name of Contact Perso	<u> </u>
	ANZO CORP		
		Firm/ Company	
	3907 N FEDERAL HWY #1	83	
		Address	
	POMPANO BEACH, FL 330		
		City/ State and Zip Cod	e
	FB.WY@HOTMAIL.COM		
	E-mail address: (to be us	ed for future annual report	t notification)
For further inform	nation concerning this matter, pleas	se call:	
HENRY WYNN		at ( 954	773-5562
N	ame of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fe	ee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Division The C 2415	Address dment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	Articles of Incorporat
ZAF ENTERPRISES CORP	
	(Name of Corporation as currently filed w

(Name (	of Corporation as curre	ntly filed with the Florida Dep	t. of State)		
P18000045084					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amo	endme	nt(s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A			The	new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co".	A professional corporation n	or the abbreviation "C	orp.	•
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A			
		N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		2020	32.5
		N/A		020 MAR	
		N/A		723	OF CARY
D. If amending the registered agent ar new registered agent and/or the new			me of the	PM 4:	OF SIA
Name of New Registered Agent	N/A			19	- <u>-</u>
<u></u>	N/A				
	(Florida	street address)			
New Registered Office Address:	N/A		, Florida <sup>N/A</sup>		
		(City)	(Zip Code)		
New Registered Agent's Signature, if of thereby accept the appointment as registered.			ns of the position.		
<del></del>	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	PT	John Doc	
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) Change	Р	FABIO BORGO	3907 N FEDERAL HWY 183
Add			POMPANO BEACH, FL 33064
X Remove			
2) Change	VP	HENRY WYNN	3907 N FEDERAL HWY 183
X Add			POMPANO BEACH, FL 33064
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional Art additional sheets, if necessary).	(Be specific)	gets) here.			
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provis	mendment provides for an excisions for implementing the am f not applicable, indicate N/A)	hange, reclassific endment if not co	ation, or cance	llation of issued amendment itse	shares, lf:	
		<u> </u>		•		<del> =</del>
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				- <del>-</del>		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	ent file date)
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing department of State's records.	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.	lopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cas sufficient for approval.	t for the amendment(s)
	proved by the shareholders through voting groups.  r each voting group entitled to vote separately on the	
"The number of votes cas	t for the amendment(s) was/were sufficient for appro	oval
by		"
	(voting group)	_
select	director, president or other officer – if directors or of ed, by an incorporator – if in the hands of a receiver, ited fiduciary by that fiduciary)	ficers have not been trustee, or other court
41.1.4.		
	HENRY WYNN	
	(Typed or printed name of person signing	ng)
	VP	
	(Title of person signing)	<del></del>