P18000059539

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COVER LETTER

TO: Amendment Section

Division of Corporations

CASA CAPITAL INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JANET PINILLOS

Name of Contact Person

This is a series of the contact Person

This i ZMIMRSFY INC Firm/Company 4301 S Flamingo Rd 106 DAVÍ€ FL 33330

City/ State and Zip Code CASACAPCITAL QMASL. CCM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 484 8967

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CASA CAPITAL IN		
(Name of Corporation as currently filed w	ith the Florida Dept. of State)	
P 18000059539		
(Document Number of Corpora		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
Z ALARSFY INC		The new
name must be distinguishable and contain the word "corporation," "company "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess "chartered," "professional association," or the abbreviation "P.A."	," or "incorporated" or the abbreviation sional corporation name must contain	n "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	500	20
	<u> </u>	24 A
		_ <u>e</u>
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	lorida, enter the name of the	11. 27
new registered agent and/or the new registered office address.		₽.
Name of New Registered Agent	9.5	ر <u>ت</u>
		့်ပျ
(Florida street addre	ss)	7
New Registered Office Address:	, Florida	
(City)	(Zip C	(ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.	
Signature of New Registered	d Agent, if changing	-
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

The date of each amendment(s) a date this document was signed.	doption:, if other than to
Effective date if applicable:	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as repartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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
Signature(By a consequence selected	(voting group) Incorporation of other officer if directors or officers have not been end, by an incorporator - if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary) I ANET POLICE (Typed or printed name of person signing) OWNER PRESIDENT
Changing	NAME FROM: CASA CAPITAL INC #18000059539

Please, Change Name OF CORPORATION TO:

Zalaesfy INC

NEW NAME TO: