P19 0000 60623

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
————————(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
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(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SOULS & SPIRE	TS ZOLRAK-DURKON II	NC			
	IBER: P19000060623					
The enclosed Article	s of Amendment and fee are s	ubmitted for filing.				
Please return all com	espondence concerning this m	atter to the following:				
	Carlos C D'Arezzo Agroma	yor				
		Name of Contact Perso	00			
	ZOLRAK-DURKON INC					
		Firm/ Company				
	2020 N 52 Avenue					
		Address				
	Hollywood FL 33021					
		City/ State and Zip Cod	e			
	johnfox007@hotmail.com					
	E-mail address: (to be u	sed for future annual report	notification)			
	on concerning this matter, plea					
Carlos C D'Arezzo A		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

SOULS & SPIRITS ZOLRAK-DURKON INC

(Name of Corpo	ration as currently filed with th	he Florida Dept. of State)
P19000060623		
(Do	ocument Number of Corporation	(if known)
tursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i>	t Corporation adopts the following amendment(
. If amending name, enter the new name of th	e corporation:	
		The new
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "I chartered," "professional association," or the ab	lnc," or "Co". A professional	"incorporated" or the abbreviation "Corp."
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
		
		~ 7
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE	<i>ROX</i>)	
		,
		<u> </u>
. If amending the registered agent and/or regis		a, enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent	<u></u>	
	(Florida street address)	
New Registered Office Address:		, Florida
non registered Office made eds.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing F nereby accept the appointment as registered agent	Registered Agent:	and the second second
ieredy accept the appointment as registered agent	u 1 am jamuiar wun and accepi	t the obligations of the position.
Siz	gnature of New Registered Agen	t, if changing
neck if applicable		
The amendment(s) is/are being filed pursuant to	c 607 0120 (11) (a) 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.

\underline{X} Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р	_	D AREZZO AGROMAYOR, CARCOS C	2020 N 52 AVENUE
Add				HOLLYWOOD, FL 33021
X Remove				
2) Change	VP	_	MONGE CASTILLO. JOSE R	2020 N 52 AVENUE
Add				HOLLYWOOD, FL 33021
X Remove 3) Change	P	_	MARIA DE LAS MERCEDES A CTAMIN	AN O 2020 N 52 AVENUE
X Add				HOLLYWOOD, FL 33021
Remove				
4) Change		_		<u>.</u>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	·	***
Add				
Remove				

, maci mamona snee	ets, if necessary).	icles, enter change (Be specific)			
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					<u>. </u>
					<u> </u>
				<u> </u>	
					
			,		
			·		
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· - · -					
f an amendment pro provisions for imple	vides for an exch	<u>iange, reclassifica</u>	tion, or cancell <u>al</u> tuined in the am	ion of issued sha endment itself:	ires,
(if not applicable	, indicate N/A)	deliter ii doc con	tuited in the air	CHAIRCH WOLL	
· ·····					

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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard the shareholders through voting group entitled to vote separately on the amendate.	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv		
, <u> </u>	(voting group)	
Dated	2/16/20. MHH.	
		
	rector, president or other officer - if directors or officers ha	
	by an incorporator – if in the hands of a receiver, trustee,	or other court
appoint	ed fiduciary by that fiduciary)	
	Tope R. HONGE CASTILLO (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Vice - President . (Title of person signing)	
	(Title of person signing)	_