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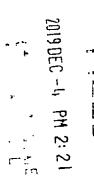
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COVER LETTER

TO: Amendment Section Division of Corporations	•	
NAME OF CORPORATION: ZABOO CORP		
DOCUMENT NUMBER: P19000071218		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
CAMILO TORRES		
	Name of Contact Person	1
	Firm/ Company	
20301 WEST COUNTRY CI	LUB DR APT 1021	
	Address	
AVENTURA, FL 33180		
	City/ State and Zip Code	
robertmartinez6@aol.com		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
CAMILO TORRES	305	336-3410
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Amend Divisio Clitton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, F1, 32301

Articles of Amendment to Articles of Incorporation of

ZABOO CORI

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000071218	
(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 following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. D	201
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office associas sixos visit sixo	
	<u>+</u> ' '
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
es are the state of the state o	A section of the section of the
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
New Negisierea Office Mauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familian	
Signature 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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	CAMILO TORRES	20301 W COUNTRY CLUB DR
XAdd			APT 1031
Remove			AVENTURA, FL 33180
2) Change	VP	SEBASTIAN TOVAR	20301 W COUNTRY CLUB DR
Add			APT 1031
X Remove			AVENTURA, FL 33180
3) Change	VP	HELMAN A BOHORQUEZ	20301 W COUNTRY CLUB DR
Add			APT 1031
X Remove			AVENTURA, FL 33180
4) Change			
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			
Remove			

•	. (Be specific)			
			· -	
	-	•		
			·	
				
<u>f an amendment provides for an ex</u>	<u>change, reclassificatio</u> iendment if not contai	<u>n, or cancellation o</u> ined in the amendm	ot issued shares, nent itself:	
provisions for implementing the an				
provisions for implementing the an (if not applicable, indicate N/A)				
provisions for implementing the an				
provisions for implementing the an				
provisions for implementing the an				
provisions for implementing the an				
provisions for implementing the an				
provisions for implementing the an				
provisions for implementing the an				
provisions for implementing the an				

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sflicient for approval.	8)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
10/17/2019		
Dated	Tiego Dorres	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)	1
	DIEGO AVELLANEDA	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	