P19000081438

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZORRO, Corp.		
DOCUMENT NUMB	ER: P19000081438		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Giuseppe Fallica		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
-		Firm/ Company	
	20225 NE 34 CT Apt. 516		
·	Aventura, FL 33180	Address	-
•	***************************************	City/ State and Zip Cod	
gius	eppe2401@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
Giuseppe Fallica		at (305	308-6950
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Innent Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

ZORRO, Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000081438

	(Document Number	r of Corporation (if knowr	n)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis <i>Florida Profit Corpord</i>	ution adopts the following	ng amendment(
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	r "Co". A professional c		bbreviation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				20
				
C. Enter new mailing address, if appl		N/A	<u>:</u> :	~
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	<u> </u>	<u> </u>	
				
			•	. <u>දු</u> ලා
D. If amending the registered agent an new registered agent and/or the ne			he name of the	
	N/A			
Name of New Registered Agent			<u> </u>	_
	(Florida	street address)		_
New Registered Office Address:	N/A	Sirect data essy		
		(City)	, Florida /Zip	Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis			igations of the position	
r nevery accept the appointment as regis	иетса адет i ат jamuu	ar waa and accept the one	igations of the position.	
				_
	Signature of Nev	w Registered Agent, if cha	กรากร	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathcal{Y}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	1965	Stefano Ferri	68 SE 6th St.
X Add			Apt. 4001
Remove			Miami, FL 33131
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
P. 16	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adopti	ion:	, if other than the
late this document was signed.	10	
11/13/20 Effective date <u>if applicable</u> :	19	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, nent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amenent for approval.	dment(s)
	ed by the shareholders through voting groups. The following is voting group entitled to vote separately on the amendment	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	<u>.</u> "	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sha	ireholder
Signature (By a direct selected, by appointed for appoint	on president or other officer – if directors or officers have no an incorporator – if in the hands of a receiver, trustee, or officery by that fiduciary)	ot been
	(Typed or printed name of person signing)	
Droc	ident	
TIES	- 	
	(Title of person signing)	