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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZAR 17	fomes INC	
DOCUMENT NUMB	er: <u>\$19000090</u> 2	390	······································
	of Amendment and fee are su		
Please return all corres	condence concerning this ma	tter to the following:	
	Pubert	Name of Contact Person	
	-	Name of Contact Person	1
	ZAR /	YOMES INC	
-		Firm/ Company	
-	344 SEBASTIA	~ CROSS 1~95 B1 Address	UP
-	SEBASTIAN F	City/ State and Zip Code	
	Robert King 08 E-mail address: (16 be us	3 @ concestive	+
•	E-mail address: (16 be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Robert &	ing	at (_772_	766 - 5464 de & Daytime Telephone Number
Name of 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:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassec, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

10

ZAR HOME	'S INC	
(Name of Corpo	ration as currently filed with the Florida	Dept. of State)
P 190000 90	0290	
	ocument Number of Corporation (if known)	l
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporati</i>	ion adopts the following amendment(s)
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc," or "Co". A professional corporati	nted" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET.		
		<u></u>
C. Enter new mailing address, if applicable:		HASS AND THE
(Mailing address MAY BE A POST OFFICE	<u> </u>	SSCR —
		Pog A
D. If amending the registered agent and/or reg		e name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent	· · ·	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered age	ent. I am familiar with and accept the oblig	ations of the position.
	Signature of New Registered Agent, if chang	ging
Check if applicable The amendment(s) is/are being filed pursuant t	to s. 607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were adopted by the in- action was not required.	corporators, or board of directors without sl	nareholder action and shareholder

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> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Miko</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	D	Lizeffe King	344 SEBASHAN CRUSSINGS Blui
X Add		_	SEBASHAN FL 32958
Remove			
2) Change	IZ	Lizette King	344 SEBASTAN CROSSINGS Blud
Add		,	SERVISHON FC 32958
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
	
,	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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The date of each amendment(s) adopt date this document was signed.	,	, if other than the
Effective date if applicable:	1/31/20	
enceuve date i <u>r approprie</u> .	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block document's effective date on the Depart		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes ient for approval.	cast for the amendment(s)
	ed by the shareholders through voting group th voting group entitled to vote separately on	
"The number of votes cast for	the amendment(s) was/were sufficient for ap	proval
by		
,	(voting group)	
Dated //4/	<u> </u>	
Signature	tor, president or other officer – if directors or	r officers have not been
selected, b	y an incorporator – if in the hands of a receive iductory by that fiductory)	
	(Typed or printed name of person sig	
_	(Typed or printed name of person sig	gning)
	PREIDEN	
	(Title of person signing)	