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2021 MAR 29 PM 1: 02 SECRETARY OF STATE TALLAHASSEF E

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{Z_{i}}{2}$	AMUSA CORPO	DRATION INC		
DOCUMENT NUMBER: P2000				
The enclosed Articles of Amendme		bmitted for filing.		
Please return all correspondence co	ncerning this ma	tter to the following:		
JOSE VILL.	AFANA			
		Name of Contact Person	n	
		Firm/ Company	- - -	
3124 MONT	SERRAT PLAC	E		
		Address		
KISSIMME	E, FLORIDA 34	743		
		City/ State and Zip Cod	e	
REALTOR	JOSEVILLAF/	ANA.COM		
E-mail	address: (to be u	sed for future annual report	notification)	
For further information concerning	this matter, plea	se call:		
JOSE VILLAFANA		at (⁴⁰⁷	7058014	
Name of Contact Pe	rson	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	artment of State:	
	75 Filing Fee & Teate 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)	
Mailing Address Amendment Sect			Address Iment Section	
Division of Corp	orations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 3	2314		entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

ZAMUSA CORPORATION INC	FILEO
(Name of Corporation P20000021640	as currently filed with the Florida Dept. of State) 2021 HAR 29 PH 1: 02
(Docum Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	nt Number of Corporation (if knowth ETARY OF STATE TALL AMASSEE, FL statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	poration:
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc." "chartered," "professional association," or the abbre	The new poration, ""company, "or "incorporated" or the abbreviation "Corp., "or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	<u>PESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) . Florida (Zip Code)

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 Agent, if changing

Check if applicable

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>T</u>		ZAMBRANO, EMIL R	9968 RED EAGLE DRIVE
Add				ORLANDO, FL 32825
X Remove				
2) Change		-		
Add				
Remove 3) Change		·		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)		
			
		 	
		<u> </u>	·
			
			<u></u>
an amendment provides for an excl	hange, reclassification, of	cancellation of issued s	hares.
provisions for implementing the ame	ndment if not contained	in the amendment itsel	 [:
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

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The date of each amendment(s) ad	option:, if other tha
date this document was signed.	
3/24/	2021
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appropriately provided for e	roved 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 f	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
3/24/2021 Dated	
Signature	Manufallandran
	ector, president or other officer - if directors or officers have not been
selected. appointe	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
_	Romae/ Zambrano (Typed or printed name of person signing)
	(Typed or printed name of person signing)
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