

7/16/2021

Division of Corporations

P21000273563
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ZAIKA WESTON INDIAN CUISINE INC

Certificate of Status	0
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JUL 19 2021
S. PRATHER

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 JUL 16 AM 9:12

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Corporate Filing Menu

Help

H 210002735633

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ZAIKA WESTON INDIAN CUISINE INC

DOCUMENT NUMBER: P21000044463

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIM MARKS
Name of Contact Person

KIM MARKS CPA, P.A.
Firm/ Company

2136 NE 123RD ST
Address

NORTH MIAMI FL 33181
City/ State and Zip Code

KIMMARKS@KIMMARKSCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM MARKS at (305) 895-5815
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H 210002736633

Articles of Amendment
to
Articles of Incorporation
of

ZAICA WESTON INDIAN CUISINE INC

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

P21000044463

(Document Number of Corporation (if known))

2021 JUL 16 AM 9:12
STATE OF FLORIDA
DEPARTMENT OF STATE

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1384 SW 160TH AVE
SUNRISE FL 33326

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1384 SW 160TH AVE
SUNRISE FL 33326

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered 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 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

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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= Trustec; 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>LOZANDI, LIZA</u>	<u>2176 NE 123RD ST</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33181</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>SHRIVASTAVA, SHWETA</u>	<u>2176 NE 123RD ST</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33181</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>CHOUDHURY, NARESH</u>	<u>2176 NE 123RD ST</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33181</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>CHOUDHURY, WIRAWAN</u>	<u>2176 NE 123RD ST</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33181</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Handwritten diagonal line across the section.

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)

Handwritten checkmark across the section.

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

*The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated JULY 16, 2021

Signature Manoj Patel
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MANOJ PATEL

(Typed or printed name of person signing)

Director

(Title of person signing)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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