Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6380

From:

To:

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 futur annual report mailings. Enter only one email address please.

Email Address:_____

8- 43S

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

Certificate of Status	0
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COVER LETTER

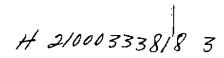
TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ZAIKA WESTON	INDIAN CUISINE INC	
DOCUMENT N	P21000044463		
The enclosed Arti	icles of Amendment and fee are sul	bmitted for filing.	
Please return all c	orrespondence concerning this mat	tter to the following:	
	KIM MARKS		
		Name of Contact Person	1
	KIM MARKS CPA		
	"	Firm/ Company	
	2136 NE 123RD ST		
		Address	
	NORTH MIAMI FL 33181		
		City/ State and Zip Code	•
	KIMMARKS@KIMMARKS	CPA.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
KIM MARKS		at (³⁰⁵	895-5815
N	ame of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
🗎 \$35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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



Articles of Amendment to Articles of Incorporation of

ZAIKA WESTON INDIAN CUISINE INC			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P21000044463			
(Document Number of Corporation (if known)		_	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folicits Articles of Incorporation:	owing amer	ndment(s) t
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation " "corporation " " " " " " " " " " " " " " " " " " "	The	new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviance." Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	nation "Coi intain the v	rp.," word	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	_ _		
		_	
	- 1		
	<u> </u>	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Maining underess MA) BE A POST OFFICE BOA)		-	
· 			
	i :		
		_	
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)		
N ₁	\$ ₹ .].	20	
	Ξ),	73	
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 positi	<u> </u>	EF ,	
Thereby accept the appointment as registered agent. I am jamiliar with and accept the obligations of the positi	on:	٠ ا	<u>~</u>
		op [
		P# '	
Signature of New Registered Agent, if changing	_ ·	ن ب	
- · · · ·	ORICE ORICE	_	
Check if applicable	뎕흑	<u>a</u>	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	İ		

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 = ChiefExecutive 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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	DIR	Naresh Choudhury	2176 NE 123ST	
X Add	,		MIAMI FL 33181	
Remove				
2) Change	DIR	Wirawan Choudhury	2176 NE 123ST	
X Add			MIAMI FL 33181	
Remove Change	DIR	Liza Lozandi	2176 NE 123ST	
X Add			MIAMI FL 33181	
Remove				
4) Change	DIR	Shweta Shrivastav	2176 NE 123ST	
XAdd			MIAMI FL 33181	
Remove				
5) Change	DIR	Shivashankar Kotesh Malabanti	2176 NE 123ST	
X Add			MIAM1 FL 33181	
Remove				
6) Change		_		
Add			<u>!</u>	
Remove				

	ns, if necessary). (Be specific)	
		
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n amendment pr ovisions for impl	ovides for an exchange, reclassification, or cancellation of issued sementing the amendment if not contained in the amendment itself	hares,
n amendment pr ovisions for impl (if not applicabl	ovides for an exchange, reclassification, or cancellation of issued sementing the amendment if not contained in the amendment itself e, indicate N/A)	hares,
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The date of each amendment(s) adde this document was signed.	doption:	, if other than the
Effective date if applicable:		<u></u>
	(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 date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	:
	proved 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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	į
Dated	frector, 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 court ted fiduciary by that fiduciary)	-
	Manoj Patel	<u> </u>
	(Typed or printed name of person signing) Director	
	(Title of person signing)	
	FALL ANASSEE, FLORIDA	FILED 2021 SEP -8 PH 2: 15