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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

BARZINA, INC.

DOCUMENT NUMBER:

P93000039143

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

Please return all correspondence concerning this matter to the following:

NICOLE C. MORRIS, ESQ

Name of Contact Person

Name of Contact Person

THE LAW OFFICE OF NICOLE C. MORRIS, P.A.

Firm/ Company

3399 PGA BOULEVARD, SUITE 150

Address

PALM BEACH GARDENS, FL 33410

City/ State and Zip Code

NICOLEMORRISESQ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE C. MORRIS at (561) 659-7790

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 Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1 (1 f)

BARZINA, INC.

15 HOY -9 PH 1:51

Р93000039143	of Corporation as currently i	lled with the Florida Dept. of State)	ALITH JAMA
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corporation name	
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST			
D. <u>If amending the registered agent an</u>	nd/or registered office addres	s in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	NICOLE C. MORRIS		
3399 PGA BOULEVARD, SUITE 150			
	(Florida street	address)	
New Registered Office Address:	PALM BEACH GARDENS	Florida 33	410
Hen register ou Office had soo.	(C	ity)	(Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent:	h and assent the obligations of the non	itian
nereby accept the appointment as regist	erea ageni. Tam jamiliar wii.	a una accept the obtigations of the pos	mon.
	11/1		
	4/60	('	
	Signature of New Reo	istered Agent, if changing	

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.

X Change	PI	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	GRETCHEN E. BENTLEY	66 VIA MIZNER
Add			PALM BEACH, FL 33480
X Remove			
2) Change	P	MARIA ALEXANDRA SALINAS	66 VIA MIZNER
X Add			PALM BEACH, FL 33480
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
E	
- A	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholde	г
NOVEMI Dated	BER 3, 2015	
Signature	Caria alexandra Valinas	<u></u>
	director, president or other officer - if directors or officers have not b	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other	court
appoi	nted fiduciary by that fiduciary)	
	MARIA ALEXANDRA SALINAS	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	