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COVER LETTER

Division of Corporati	ons	٠.		
SUBJECT: ZIMI		STUCTION, LL d Liability Company	.C	
The enclosed Articles of Amend	dment and fee(s) are submi	itted for filing.		
Please return all correspondence	e concerning this matter to	the following:		
<u></u>	PAULA PS	SANCHEZ ZACAT	ZIAS	
_	1	Firm/Company		
. —	3600 EAG	Address	· · · · · · · · · · · · · · · · · · ·	·
	PANAMA C	City/State and Zip Code		
	Psanchez E-mail address: (to	8225 Damail be used for future annual report notific	.com	
For further information concern	ning this matter, please cal	l: .		
Paula P. San Name of Person	chez Zacari	at (850) 5(66 - 4 Area Code Daytime	9780 Telephone Number	2
Enclosed is a check for the foll			ALL AHA	10000000000000000000000000000000000000
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statuer, Certified Copy (additional copy is enclosed)	APR 12 AM 11: 54

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ZIMICH

The Articles of Organization for this Limited Liabilit		18 and assigned
Florida document number LIS000081514	1	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	ODRESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	***************************************
	<u> </u>	·
B. If amending the registered agent and/or registered agent and/or the new registered office		the name of the new
Name of New Registered Agent:		# R 2 P
New Registered Office Address:	Enter Florida street address	m m
		GF STAIL: 5
·	, Florida	Zip Codercy &
New Registered Agent's Signature, if changing Regis	•	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>		Name	Address	Type of Action
MCR		Paula P. Sanchez Zacarias	3600 Eagle In Panama City F1 32404	_ IV Add
				□ Remove
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Page 3 of 3

Filing Fee: \$25.00