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· (Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docui	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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TO ACKNOWLEDGE SUFFICIENCY OF FILING 15 APR 15 AHII: S

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COVER LETTER

TO: Registration Sect Division of Corpo			·
SUBJECT: ZDC	Products Name of Limit	ted Liability Company	
•			
PP1		•	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Zoe Aller	Bennett Name of Person	
		ranc of reigon	•
		Firm/Company	
	12250	entral St	
		Address	
	Tallahass	See Fla 3230 City/State and Zip Code	03
	E-mail address: (to	ucts@GMail. Com	eation)
For further information con	cerning this matter, please ca		
Zoe Allen	Bennett	at (248) 961- Area Code Daytime	4280 Telephone Number
, tallie of I		mea code Daytime	reseptione (various
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

ZDC Products L	LC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company value of Organization for this Limited Liability Company value of Company valu	were filed on 2-11-20	14 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
ZDC Products and Services	LLC		
The new name must be distinguishable and end with the words "Limited Liabi		the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:	1225 Central	5+,	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, F	lorida	
	32303		
Enter new mailing address, if applicable:			—
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of	fice address on our records, <u>en</u>	ter the name of th	e new
registered agent and/or the new registered office address here	:		ì
			
Name of New Registered Agent:		· · ·	؞ڔ؞؞؞ ؞؞ڒؿ ؞۔۔
New Registered Office Address:			
	Enter Florida street address	ြို့် ဟ	
	, Florida	ر المعتدد 	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Ai	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
L	Myles, JoAnn P	1225 Central Tallahassee, Fla 323	Add
		Tallahassee, Fla 323	303 PRemove
			Add
			Remove
			<u> </u>
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	e, if other than the date of filing: (optional) c must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nument is filed by the Florida Department of State)
the date this doc	nument is filed by the Florida Department of State)
	nument is filed by the Florida Department of State)
the date this doc	

Page 3 of 3

Filing Fee: \$25.00

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