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C. GOLDEN
DEC 2 7 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Zeta Am	ricae State of Florida Inc
DOCUMENT NUMBER: <u>V/80000</u>) 32/3
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Bettye	Stoke 1: 21
	Name of Contact Person
	(Firm/ Company)
1085 N.	W. 58th Street
	(Address)
Miani	FL 33127 City/ State and Zip Code)
(0	City/ State and Zip Code)
bettyes	tokeling & comeastinet
E-mail address: (to be used i	of future annual-peptit notification)
or further information concerning this matter, please ca	all:
Bother Stateling	at 305 - 758 - 7438 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
losed is a check for the following amount made pays	able to the Florida Department of State:
☐ \$35 Filing Fee ☐ S43.75 Filing Fee & ☐ Certificate of Status	S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

		2010	<i>^</i>
A	rticles of Amendment	O. C.	X 46
Ar	to ticles of Incorporation	1.7.	٠٠ رمح
Zefa Amilae Sy (Name of Corporation as cu	ate of Flo	rida Inc	(M) 3.
N18000Z	032/3		
. (Document N	lumber of Corporation (if	known)	
rsuant to the provisions of section 617.1006. Florida S endment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopts the	: following
If amending name, enter the new name of the corp Florida State Zeta L me must be distinguishable and contain the word "cor	Imicar An	Klaries Inc.	The new or "Inc."
ompany" or "Co." may not be used in the name.	100 0 111	11.	1
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDR</u>	1209 Wa Machiell	6, Fr 32344	<u>d</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered new registered agent and/or the new registered of	office address in Florid	a, enter the name of the	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1	Florida street address)	
		. Florida	
	. (City)	(Zip Code)	
Registered Agent's Signature, if changing Registby accept the appointment as registered agent. I	ered Agent: am familiar with and acce	ot the obligations of the position	
	Signature of New Reg	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.

Example: X Change X Remove X Add	\underline{V} Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Bettye Stukeling	1085 N. N. 58th Street Migmi, FL 33127 305-758-7438
?) Change Add Remove	<u> </u>	Sandra Link	2135 Grove Chenolane, S. Lakeland, F-L 33813 863-608-8544
Change Add Remove			
Change Add Remove			
Change Add Remove			
_ Change _ Add Remove			

ach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		—
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The date of each amendment(s) adoption: Dec. 27, 2018 date this document was signed.	_, if other than the
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 document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	• •
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
Signature Rose 3-all	_
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Rost Hall	
(Typed or printed name of person signing)	
Torayar	
(Title of person signing)	

Section 1999