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COVER LETTER

TO: Amendment Section -Division of Corporations NAME OF CORPORATION: ZEN FLOORCH **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HERBELLO Name of Contact Person EN FLOORING WI Firm/ Company Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JACKEE PLATT 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: ☐ \$43.75 Filing Fee & \$43.75 Filing Fee & ☐ \$35 Filing Fee ■ \$52.50 Filing Fee Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Additional copy is enclosed)

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Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZEN FLOORCHY INC

lowing

name must be distinguishable and contain the word "corporation," "company," or "incorporated" abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporate manual contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	. If amending name, enter the new name of the co	rporation:	m!
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	pbreviation "Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," or "Co". A	professional corpora
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX) 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:	Principal office address <u>MUST BE A STREET ADI</u>	<u>RESS</u>)	
. 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:			
new registered agent and/or the new registered office address:		X)	·
new registered agent and/or the new registered office address:		ي نيد	_
new registered agent and/or the new registered office address:			
Name of New Registered Agent:	If amending the registered agent and/or registered new registered agent and/or the new registered	ed office address in Florida, enter office address:	the name of the
	Name of New Registered Agent:		
	,		
New Registered Office Address: (Florida street address)		(Florida street address)	:
, Florida	New Registered Office Address:	(Fiorida sireet address)	
(City) (Zip Code)	New Registered Office Address:		

If amending the	<u>ie Officers and/or Directors, enter the title, name, and address of each Officer</u>	itle and name of each officer/di	rector being
(Attach addition	nal sheets, if necessary)		4
Title -	Name	Address	Type of Action
VP	JACKEE LYNN PLATT	11090 SW 150TH ST DUNNELLON FL 34432	Add Remove
<u>vp</u>	THOMAS MORELAND	8137 5w 1315 W	· ⊠ Add
,		OCALA FL 34473	√ □ Remove
			☐ Add ☐ Remove
•		:	□ Remove
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	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
	•	• •	
		<u> </u>	
<u> </u>			
<u>provisions</u>	dment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss it contained in the amendment i	ued shares; tself:
* : *		and the state of the	
<u> </u>			
		1.	
	1-1-1-1		
	را المستوري والمحالية المراجع	<u> </u>	· · · · · · · · · · · · · · · · · · ·
			• • • • • • • • • • • • • • • • • • • •

The date of each amendment				· · · · ·
Effective date if applicable:	6/31/2010 (dd	ate of adoption is rec	quired).	
Part of the Control o	(no more than 90 day	s after amendment f	île date)	*
Adoption of Amendment(s)	(CHECK	ONE)	**	
The amendment(s) was/web by the shareholders was/web	re adopted by the share are sufficient for appro	cholders. The numb	er of votes	cast for the amendment(s
The amendment(s) was/wei				
"The number of votes	east for the amendmen	t(s) was/were suffic	ient for app	roval
by ZEN FLOOPE	NG TUC.		,,	
, - , -, -, -, -, -, -, -, -, -, -, -, -, -,	(voting group)		-*	
action was not required. The amendment(s) was/wer action was not required.	e adopted by the incor	porators without sha	areholder ac	ction and shareholder
Dated	130/2010	·	•	· . •
Signature <u>3</u>	los			:
sele	adirector, president of cred by an incorporate binted fiduciary by tha	or - if in the hands o	irectors or o f a receiver	officers have not been trustee, or other court
	•			•
	Jorve o.	HERBELLO		
		r printed name of pe	rson signin	g)
	PRESCOENT			
	(Title of pers	on signing)		•