PD9000031930

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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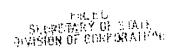
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ZIEL SCALE, INC			
DOCUMENT NUMBI				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
Е	LIZABETH ZIEL			
_		Name of Contact Perso	n	
Z	IEL SCALE, INC.			
_		Firm/ Company		
6	6406 SUNSET AVE.			
_		Address		
P	ANAMA CITY BEACH, F	L 32408		
		City/ State and Zip Cod	e	
elizabe	:h@zielscale.com			
	~	sed for future annual report	notification)	
•				
For further information	concerning this matter, pleas	se call:		
ELIZABETH ZIEL		at (⁸⁵⁰	233-8578	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address Street Address			
	dment Section		Iment Section	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
	assee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ZIEL SCALE, INC.

2016 SEP 27 AM 9: 02

(<u>Name of Corporation as c</u>	urrently filed with the Florida Dept. of State)
P09000031930	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	ion:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Fle	orida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
5	
Sionature of	f New Registered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	ELIZABETH ZIEL	6406 SUNSET AVE .
Add			PANAMA CITY BEACH
Remove			FL 32408
2) X Change	<u>v</u>	DAVID ZIEL	6406 SUNSET AVE
Add			PANAMA CITY BEACH
Remove			FL 32408
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Pemove			

E. <u>If amending (</u> (Attach <i>additio</i>	or adding additional A onal sheets, if necessary	Articles, enter chang	ge(s) here:		
N/A	arrana, y macadan)	(20 specific)			
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· - ·· - ·				<u>.</u>	
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		·			
F. If an amenda	nent provides for an e or implementing the a	xchange, reclassific	ation, or cancellat	ion of issued shares	2
(if not ap	oplicable, indicate N/A	<u> пенамент и пот со</u>	ntamed in the and	enument usen:	
	A				
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				_	
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					<del></del>

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		STERFTARY OF STATE
Effective date if applicable:		
	(no more than 90 days after amendment file date)	2016 SEP 27 AM 9: 02
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, thi partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendm flicient for approval.	ent(s)
	roved by the shareholders through voting groups. The following stae each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	,,	
~J	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareh	oolder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholde	т
09/21/2016		
DatedSignature	-Irabeth Ziel	
selected	rector, president or other officer – if directors or officers have not b I, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	ELIZABETH ZIEL	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	