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(Add	dress)	
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(City	//State/Zip/Phone	e #)
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OCT 28 2013 T. CARTER



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ZDD (AC				
OCUMENT NUMBER: P1300064196				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  Privad + Associates CAR  Firm/Company				
1600 metropolitan circle				
Tallaharsa, FZ 32308 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tracy Augusted at (850) 573-1999  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:				
□\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □\$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  □\$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



## **Articles of Amendment** Articles of Incorporation of

13 007 28 PM 12: 35

SECRETARI OF STATE

2150 Inc		TĂ	LAHARSEE E	LORIDA
(Name of Corporation as currently f	led with the Florida I	Dept. of State)		•
P130000641	96		· 	_
(Document Number of	Corporation (if known	)	<del></del>	
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida	Profit Corporation add	opts the following	g amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
				_The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc." or "Co". A	mpany," or "incorpor   professional corporat	ated" or the au ion name must o	bbreviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>::</u> DRESS )			-
				-
	<del></del>		<del>_</del>	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)			_
	<del></del>		· · · · · · · · · · · · · · · · · · ·	-
		<del></del>		-
D. If amending the registered agent and/or registence new registered agent and/or the new registered	red office address in I	lorida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street addre	essi		
N. Davidson J. Office Additional	`			
New Registered Office Address:	(City)	, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Re	vistered Avent:			
I hereby accept the appointment as registered agent.	l am familiar with and	l accept the obligations	of the position.	
40	( D ) ( ) ( )	c 1		
Signature of N	lew Registered Agent, if	cnanging		

## 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.

Property	c, and sany smitti	b) to the Atti.	
Example: X Change	PT John D	<u>0¢</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Zijud Mouldam	1944 Suddle Brook Prive Tallahasse, Fr 32303
Remove  2) Change Add	P	Baha Kasem	1944 Suddle Bruk Mire Tullahume, Fz 32302
Remove 3) Change Add			
Remove  4) Change Add			
Remove  5) Change Add			
Remove  6) Change Add Remove			
I L Kemove			

tach additional sheets	additional Artic s. if necessary).	(Be specific)	_			
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an amendment prov	ides for an excha	inge, reclassific	cation, or cance	ellation of issue	ed shares,	
orovisions for implen (if not applicable,	<u>nenting the amen</u> indicate N/A)	dment if not co	ontained in the	amendment its	seit:	
(4)	,					
<del></del>						

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (nb more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9/1/13	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	