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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ZIMMERMANN	SERVICES INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	JOSE CLOVIS DA SILVA		
		Name of Contact Person	1
		Firm/ Company	
	75 NW 45TH AVE, APT 20	6 	
		Address	
	DEERFIELD BEACH - FLO	DRIDA 33422	
		City/ State and Zip Code	
PRIM	IEINCOMETAX1@GMAIL.	COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
JOSE CLOVIS DA SILVA		at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
	ling Address	Street	<u>Address</u>
	endment Section	Amendment Section	
	sion of Corporations	Division of Corporations	
	Box 6327 ahassee, FL 32314		Building xecutive Center Circle
1 (1)11	andrews, i to Juli 17		Accurac Center Cifete

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZIMMERMANN SERVICES INC

(Name of Corporation	as currently	filed with the Flor	ida Dent, of State	·)
P14000031014				±'
(Documen	nt Number of C	Corporation (if know	(וויז	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this FI	orida Profit Corpo	ration adopts the	following amendment(s) to
A. If amending name, enter the new name of the corp	oration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Ce	o". A professional	"incorporated" of Corporation nam	r the abbreviation te must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	l office addres fice address:	<u>s in Florida, enter</u>	the name of the	D B
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	(C	ity)	Florida_	(Zip Code)
	(%	,		izip Cine)
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I as	<mark>ered Agent:</mark> m lamiliar wit	h and accept the ob	olivations of the pe	sition
			nganionio ty tate po	
Signatu	re of New Reg	istered Agent, if ch	anging	

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	<u>T4</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		TERESA CRISTINA DA SILVA	75 NW 45TH AVE, APT 206
X Add				DEERFIELD BEACH - FL 33422
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	_	_		
Add				
Damara				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE ADD DIRECTOR TERESA CRISTINA DA SILVA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	11/06/2018 (c) adoption:	, if other than the
date this document was signed		, if other than the
_	11/06/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament fite date)	
	this block does not meet the applicable statutory filing requirements, this does Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment are sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	l er
action was not required.		
11/0 Dated	6/2018	
sc	Ly a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	JOSE CLOVIS DA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	