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SLITE FLORIDA
TALLAHASSLE, FLORIDA

SEP 25 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ZCP Wholesale and Sistribution FNC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eally Balbin
Name of Connet Person
Backet
Film/ Company 15th St SW Lethigh acres FL 33976
City/State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is: Certified Copy

enclosed)

Mailing Address

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

(Additional Copy is enclosed)

Tallahassee, FL 32301

Articles of Amendment

to

Articles of	Incorporation
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ZCD Whole sale	201 10/4/11	
	oration as currently filed with the Florida Dept. of State)	
	0039464	
(1)	occurrent Number of Corporation (if Known)	
Pursuant to the provisions of section 607,1006, Flits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following a	mendment(s)
A. If amending name, enter the new name of t	he corporation:	
	T	ie new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the abbr Corp," "Inc," or "Co". A projessional corporation name must con or the abbreviation "P.A."	eviation tain the
B. Enter new principal office address, if applied	cable:	
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	
		
C. Enter new mailing address, if applicable:	N. P.O.V.	
(Mailing address <u>MAY BE A POST OFFICI</u>	<u></u>	
D. If amending the registered agent and/or re-	gistered office address in Florida, enter the name of the	
new registered agent and/or the new registe		Ф
Name of New Registered Agent		FF FF
Some by Sver Register Language		22
	(Florida street address)	
		₩ J
New Registered Office Address:		<u>ယ့</u>
	DA CO	œ.
New Registered Agent's Signature, if changing		
i nereby accept the appointment as registered ago	ent. I am familiar with and accept the obligations of the position.	
	Signature of 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 = Trastee; C = Chairman or Clerk; CEO = ChiefExecutive 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name . A	Address
1) Change	P	Graciano Mendoza	2002 35th StSI Leshigh acres FL
			Leshigh Claves FL
Remove			33976.
2)Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional s	ling additional Artic neets, if necessary).	(Be specific)			
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				<u>-</u>	
		· · ·			
					
	 				
					
an amendment 1	rovides for an excha	nge, reclassifica	<u>tion, or cancellat</u>	<u>ion of issued shar</u>	es,
orovisions for any	olementing the amenal ble, indicate NIA)	<u>dment if not con</u>	itained in the am	endment itself:	
у пол арриса	ne, maicaie 1970)				
					110

The date of each amendment(s) adoption: $09/19/2018$, if other than the
date this document was signed.
Effective date if applicable: 04/14/2018 (no more than 90 days after amendment file date)
(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 listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)
☐ 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.
Signature Decett
(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)
Zahily Balbin
(Typed or printed name of person signing)
(Title of person signing)

We fost want to add another President

200 Whole sale and Distribution #KC

239 478 4956

3002 35th St SW

Ledigh acres FL 33976.

thank you so block.

Eatily Balbin - Vice President.
Routell
9/19/2018.