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(Re	questor's Name)	<u> </u>
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R. WHATE JUN 11 2020

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: ZCP U	Tholesale an	d Sistribution FNC
DOCUMENT NUMBE	er: <u>P15 000</u>	039469	
	f Amendment and fee are sul		
Please return all corresp	ondence concerning this ma	tter to the following:	
	Zallily	Balbin	
_	l.	Name of Contact Person Palab Firm/ Company	1
_		Firm! Company	
	5570 Lee 5	treet unit 1-	-2
_	Letligh acr	7 tdti C53	
For further information		MAHOO COM Set for future annual report	
ZaHIK	1 Balbin	at (239	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment 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)
	ng Address dment Section		Address ment Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of C
ZCP Wholesale o	and DISTRIBUTION FAC.
(Name of Corporation as	currently filed with the Florida Dept. of State)
P 15 10000 394	169
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "chartered," "professional association," or the abbreviation. 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 of	SS) UNIT 1-2 LeHigh Acres FL 38971 office address in Florida, enter the name of the
new registered agent and/or the new registered offic	<u>e address.</u>
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
New Negative Office Address.	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Reinier Menendez	
_X Add			unit 1-2
Remove	_		Lethigh acres FL 3397
2) Change	\bot	Zahily Balbin	5570 Lee street
Add		1	<u>UniT 1-2</u>
Remove Change	5	Zallily Balbin	Letighaleur FL 33971
Add		I	5570 Lee street uniti-2
Remove			Lethan acres FL 33971
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
an amendment provides for an exchange, rectassing around of assets at the state of	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption	: <u>5/2//2020</u>	, if other than the
date this document was signed. Effective date if applicable:	5/21/2020	
	tho more than 90 days after amendment j.	ile dater
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requint of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for for approval.	the amendment(s)
	by the shareholders through voting groups. The oting group entitled to vote separately on the am	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 5/21/26	020	
Signature As a 5	#	
(By a director, selected, by an	president or other officer – if directors or office incorporator – if in the hands of a receiver, trus ciary by that fiduciary)	
	Za Hily Balbin	
	(Typed or printed dame of person signing)	
	<i>S</i> ′	
	(Title of person signing)	