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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ZCP Who	lesale and	Distribution INC	
DOCUMENT NUMBER:	2150000	39469		
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.		
Please return all correspondence of	concerning this mat	ter to the following:		
	Za	Name of Contact Person)	
		Name of Contact Persor	1	
	,	Firm/ Company		
	5570 Le	20 Stilet Address	unit 1-2	
	elligh	QCALS FZ City/ State and Zip Code	3397/	
	,	City/ State and Zip Code	2	
E-mai	balbin 0- l address: (to be us	O Gahoo - ed for future annual report	notification)	
For further information concerning	g this matter, pleas	e call:		
Zallily &	Balbin		, 47P-4956	
Name of Contact I	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ring amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee S43 Cen	.75 Filing Fee & ificate 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 Addre			Address Iment Section	
Amendment Section Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

ZCP Wholesale	and Distribution
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P150000 39469	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word ,
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	5570 Lee street unit 1-2 Lelligh acres FL 33971
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2002 35th St SW Lelligh acres FL 33976
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New F	Registered Agent, if changing
Charle if applicable	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.
	ζŋ

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sali</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Reinier Henendez	5570 Lee Stieet
Add Remove	·		Unit 1-2 Letish acres FZ 3397
2) X Change	<u></u>	Onil Rivas	5570 Lee street uniti-2
Add			Celligh Caus FZ 3397
Remove Change	<u>P</u>	Zahily Balbin	5570 lee Street
Add		r	Unit 1-2
Remove			Lelligh GCNI FC
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

Attach additional sheets, if necess	ary). (Be spe	cific)			
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f an amendment provides for a	n exchange, re	classification,	or cancellation	of issued shares,	
provisions for implementing th (if not applicable, indicate N	<u>e amendment i</u> VA)	it not containe	<u>a in the amenar</u>	nent itseir:	
					-
		,		·····	

The date of each amendment(s) adoption: 10/20/2020 if other	than the
date this document was signed.	
Effective date if applicable: $\frac{10}{20}$	
(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 document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	•
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	
hy	
(voting group)	
Dated $\frac{10 20 2020}{100}$	
Signature Soft H	
(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 Balba	
(Typed or printed name of person signing)	
(Title of person signing)	