

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addi | rocs) | |
| (Addi | (655) | |
| (Add | ress) | |
| (City/ | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL . |
| | | |
| (Busi | iness Entity Na | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
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16 AUS 31 PH 5: 57

SEP 12 2016

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: ZEST LEE INC | | |
|-------------------------|--|--|--|
| DOCUMENT NUM | P15000082025 | | |
| The enclosed Articles | of Amendment and fee are su | ubmitted for filing. | |
| Please return all corre | spondence concerning this ma | atter to the following: | |
| | MIN BAE | | |
| | | Name of Contact Person | n |
| | MIN BAE CPA INC | | |
| | | Firm/ Company | |
| | 9432 BAYMEADOWS RD, | • • | |
| | | Address | |
| | JACKSONVILLE, FL 3225 | 6 | |
| | | City/ State and Zip Cod | e |
| MIN | BAE@COMCAST.NET | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| | ` | • | , |
| For further information | n concerning this matter, pleas | se call: | |
| MIN BAE | | 904 at (| 864-2588 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| \$35 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) |
| Ame Divi P.O. | ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton | Address ment Section of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

16 AUG 31 PH 5: 57
SECRETARY IN LIANT TALLAHADSHE RESIDEA

| ZEST LEE INC | | | |
|---|------------------------------------|---|------------------------------|
| | ion as currently filed w | ith the Florida Dept. of | State) |
| 15000082925 | | | |
| (Docu | ment Number of Corpora | ation (if known) | |
| Pursuant to the provisions of section 607.1006, Floridas Articles of Incorporation: | la Statutes, this <i>Florida I</i> | Profit Corporation adopt | s the following amendment(s) |
| If amending name, enter the new name of the c | orporation: | | |
| | | | The new |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | o," "Inc," or "Co". A | npany," or "incorporati professional corporation | ed" or the abbreviation |
| B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u> | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>)X</u>) | | |
| | | | |
| | | | |
|). If amending the registered agent and/or registe new registered agent and/or the new registered | | orida, enter the name o | <u>f the</u> |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street addres | s) | |
| New Registered Office Address: | | , Flo | orida |
| | (City) | | (Zip Code) |
| | | | |
| lew Registered Agent's Signature, if changing Re | ristered Agent: | | |
| herehy accept the appointment as registered agent. | | accept the obligations of | the position. |
| | | | |
| | | | |
| | CAL D | | |
| Sion | ature of New Registered | Agent it 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 = 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 | Name | <u>Addres</u> s | |
| 1) Change | VP | MINA LEE | 1921 SILVER HAWK DR | |
| X Add | | | ST AUGUSTINE | |
| Remove | | | FL 32092 | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | | | |
|---|--|--------------------------------------|---|---|-------|--|
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| f an amendment propositions for imple (if not applicable | ementing the ame | ange, reclassifi ndment if not co | cation, or cancell ontained in the a | ation of issued sha mendment itself: | ares, | |
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| Effective date if applicable: | |
|--|---|
| in applicable. | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement 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 ado action was not required. | pted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated | 08/24/2016 |
| Signature | |
| selected | rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | JUNG LEE |
| • | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |