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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amelia Desta Name of Contact Person ZMA, Inc. Firm/ Company 847 Dunn Avc. Address Jacksonville, FL 32218 City/ State and Zip Code tom@thomasmurphycpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) Stos-335.

Area Code & Daytime Telephone Number Ameila Desta Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & \square \$43.75 Filing Fee & \square \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

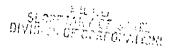
Mailing Address

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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



to

ZMA, Inc.	15 NOV 23	AM In. c
	ration as currently filed with the Florida Dept. of State)	
P15000089501		
(Doc	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following an	mendment(
A. If amending name, enter the new name of the	e corporation:	
	word "corporation," "company," or "incorporated" or the abbr orp," "Inc," or "Co". A professional corporation name must con	
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<i>BOX</i>)	
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Florida, enter the name of the red office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code	e)
New Registered Agent's Signature, if changing R I herehy accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the obligations of the position.	
Si	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= 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	PT	John Do	<u>.</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u> .	Address
1) Change	V		Marleatia Hamami	4455 Confederate Pt Rd 24B
Add		_		Jacksonville, FL 32210
Remove				
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 Arti Attach additional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
		·
N. (1944)		
		•
		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shar	es,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
		•
		.

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		£ !1 .
رين) ، Effective date if emplicables		
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	of file date)
•	(no more man so days after amenamen	15 NOV 23 AM 10.55
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast f sufficient for approval.	for the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	al .
by		,,
-,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action	
Signature	Sale July	
selec	director, president or other officer – if directors or offited, by an incorporator – if in the hands of a receiver, the intended fiduciary by that fiduciary)	
	Amelia Desta	
	(Typed or printed name of person signing))
	President	
	(Title of person signing)	•