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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ZOLTY INC	·				
DOCUMENT NUMB	ER: P18000009100					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	JOHN GRACZYK					
•		Name of Contact Person	1			
	ZOLTY INC					
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
2201 SE INDIAN B-1						
	Address					
	STUART FL 34997					
•		City/ State and Zip Code	2			
For further information	E-mail address: (to be us	williams @ belied for future annual report	Isouth-net notification)			
WILLIAM ADAMS		at (561	626-9096			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
≒ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy) is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000009100	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
	- 1 E 27 E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	na Pa
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	\a
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
I hereby accept the appointment as registered agent. I a	nn familiar with and accept the obligations of the position.
Signatu	ure 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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	<u>v</u>		DEAN O'NEILL	1434 VILLAS OF JUNO DR S	
XAdd					
Remove				JUNO BEACH, FL 33408	
2) Change					
Add				- A series tain	
Remove					
3) Change					
Add					
Remove					
4) Change		 -			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	(Be specific)
	1
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	•
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:, if oth	er than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days ofter amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it document's effective date on the Department of State's records.	isted as the
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The cumber of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) wastwere approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the aniendment(s):	
"The number of votes cast for the amendment(s) wastwere sufficient for approval	
by	
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 action was not required.	
(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 source appointed fiduciary by that fiduciary)	
IOHN GRACZYK	
(Typed or primed name of person signing)	_
PRESIDENT	
(Title of person signing)	_