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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: L&L ZION ENTERPRISE, CORP
DOCUMENT NUMBER: P18000011785
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
_ FERNANDO SILVA
Name of Contact Person
SKYTRUST ENTERPHISE, LLC
123 NW 13th ST. # 304-7
BOCA RATION FL 33432
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FELNANDO SILVA at (561) 463 2557 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

L&L ZION ENTERPRISE, CORP.

(Name of Corporation a	is currently filed with the Florida Dept. of		
P18000011785	searcenty med with the Florida Dept. of	<u>State</u>)	
(Document	Number of C		
	Number of Corporation (if known)		_
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	tutes, this Florida Profit Corporation adopt	s the following amen	dmenti
A. <u>If amending name, enter the new name of the corpo</u> IL BUILDING CONCEPT, CORP	ration:		
tame must be distinguishable and consider to		The	new
name must he distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or to "Co". A professional corporation name on "P.A."	ne abbreviation "Cor must contain the w	p" ord
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)		_
			_
		707	_
Enter new mailing address, if applicable:		G (1)	
(Mailing address MAY BE A POST OFFICE BOX)		٠,	,
		J:	
		70	- i
If a man Paris A			
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of	the E	-
agent another the new registered office	address:		ו
Name of New Registered Agent			
			
· · · · · · · · · · · · · · · · · · ·	lorida street address)		
New Registered Office Address:	, Flor	ida	_
	(Ciny	(Zip Code)	_

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)

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 = ChiefExecutive 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 Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LOUISSE FIGUEIREDO	191 SW 15TH ST #102
Add			POMPANO BEACH, FL 33060
XRemove			
2) Change			
Add			
Remove 3 Change	VP	JACKSON B. CASTILHO	588 NW 45TH AVE
X Add			DEERFIELD BEACH, FL 33442
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	<u>v</u> .	
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		 -	
			
			
n amendment provides for an exchaptions for implementing the amen	ange reclassification on		
	dment if not contained i	the amendment itself.	ires,
(if not applicable, indicate N/A)		rtic amendment usen:	
			
			——————————————————————————————————————
	_ 		
			
			

The date of each amendment(s) adoption:
Effective date if applicable:
(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 as document's effective date on the Department of State's records.
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
by
by
09/10/2020 Dated
Signature Lucas Almaida (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)
LUCAS ALMEIDA
(Typed or printed name of person signing)
Ь
(Title of person signing)

 $(x_{i}, y_{i}, y_{i},$