P190000 85 466

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

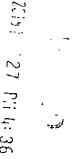
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R. WHITE JAN 0 6 2020



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZENFUL CBD EX	TRACTS, INC.	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
!	Ranniqua Roundtree		
_		Name of Contact Person	
-		Firm/ Company	
	707 Ixoria Avenue		
-	-	Address	
J	Fort Pierce, Florida 34982		
-		City/ State and Zip Code	
Zenful	CBDExtracts@gmail.com		
	E-mail address: (to be us	ed for future annual report t	notification)
For further information	concerning this matter, pleas	se call:	
Ranniqua Roundtree		at (918-5794 le & Daytime Telephone Number
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

ZENFUL CBD EXTRACTS, INC.

2019 HOT 27 PH 4: 36

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P19000085466	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
ZENFUL EXTRACTS, INC.	The new
name must be distinguishable and contain the word "corpora" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the
	<u> </u>
Name of New Registered Agent	
(r tortac	i street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Alp Colle)
New Registered Agent's Signature, if changing Registered Ag-	ent:
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Signature of Ne	w 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 Doe		
X Remove	<u>v</u>	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		N/A		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<u> </u>	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment	11/19/2019 t(s) adoption:	, if other than the
date this document was signed		
Decades date if and leading	11/01/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	-
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statem ed for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
11/19 Dated_	9/2019	
17ateu		
Signature _		
s	By a director, president or other officer – if directors or officers have not been delected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	ırt
	Ranniqua Roundtree	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	