## P22000085459

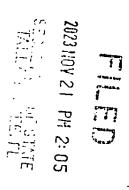
| (Requestor's Name)   |  |  |  |  |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: ZDIG HOLDINGS                        | SINC.  |  |  |
|--|--|--|--|--|
| DOCUMENT NUM   | BER: P22000085459                            |  |  |  |
|  | of Amendment and fee are su                  | bmitted for filing.  |  |  |
| Please return all corre  | spondence concerning this ma                 | tter to the following:   |  |  |
|  | Doron Ziv                                    |  |  |  |
|  |  | Name of Contact Person   |  |  |
|  | ZDIG HOLDINGS INC.                           |  |  |  |
|  | Firm/ Company                                |  |  |  |
|  | 580 Ansin Blvd                               |  |  |  |
|  | Address                                      |  |  |  |
|  | Hallandale Beach, FL 33009                   |  |  |  |
|  |  | City/ State and Zip Code   |  |  |
|  | accounting@gousahi.com                       |  |  |  |
|  | E-mail address: (to be us                    | sed for future annual report   | notification)  |  |
| For further information  | n concerning this matter, pleas              |  | 333.1682   |  |
|  | of Contact Person                            | at ( <u>305</u>  | le & Daytime Telephone Number  |  |
| Name   | of Conact Person                             | Area Coc   | ie & Dayume Telephone Number   |  |
| Enclosed is a check for  | or the following amount made                 | payable to the Florida Depa  | rtment of State:   |  |
| S35 Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation

FILED of

| ZDIG HOLDINGS INC.   |                                 |                                   | 2023 NOV 2           |                    |
|--|---------------------------------|-----------------------------------|----------------------|--------------------|
| (Name of Corpor  | ation as currently fil          | ed with the Florida De            | pt. of State)        | 1 PH 2: 05         |
| P22000085459   |                                 |                                   | 72,5                 | 2.03               |
| (Doc   | cument Number of Co             | rporation (if known)              |                      | Joseph File        |
| Pursuant to the provisions of section 607,1006. Florits Articles of Incorporation:   | rida Statutes, this <i>Flor</i> | ida Profit Corporation :          | adopts the following | ng amendment(s) to |
| A. If amending name, enter the new name of the   | e corporation:                  |                                   |                      |                    |
| ZEN ZONE SERVICES LLC  |                                 |                                   |                      | The new            |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab | nc," or "Co". A pr              |                                   |                      | on "Corp.,"        |
| B. Enter new principal office address, if applica  | ble:                            | \$/A                              |                      |                    |
| (Principal office address MUST BE A STREET A   |                                 |                                   |                      |                    |
|  | -                               |                                   |                      | <del></del>        |
|  | _                               |                                   |                      |                    |
| C. Enter new mailing address, if applicable:   |                                 | 17.4                              |                      |                    |
| (Mailing address MAY BE A POST OFFICE)   | <u>BOX</u> )                    | N/A                               |                      |                    |
|  |                                 |                                   |                      |                    |
|  |                                 |                                   |                      |                    |
|  | _                               |                                   |                      |                    |
| D. If amending the registered agent and/or registered agent and/or the new registered  |                                 | in Florida, enter the na          | ame of the           |                    |
| new registered agent and/or the new register   | eu omce address:                |                                   |                      |                    |
| Name of New Registered Agent   |                                 |                                   | <del></del>          | _                  |
|  |                                 |                                   |                      | _                  |
|  | (Florida street a               | (ddress)                          |                      |                    |
| New Registered Office Address:   |                                 | <del></del>                       | , Florida            |                    |
|  | (Cit)                           | r)                                | (Zip                 | Code)              |
|  |                                 |                                   |                      |                    |
| New Registered Agent's Signature, if changing 1  | Registered Agent:               |                                   |                      |                    |
| I hereby accept the appointment as registered agen   | nt. I am familiar with          | and accept the obligation         | ons of the position. |                    |
|  | Doron                           | <u> </u>                          |                      | _                  |
| Si   | ignature of New Regis           | ter <b>ed/</b> Agent, if changing |                      |                    |
|  |                                 | -                                 |                      |                    |

Check if applicable

☐ 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 = Trustec; 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>rq</u>  | John Doe    |                 |
|-------------------------------|------------|-------------|-----------------|
| X Remove                      | ¥          | Mike Jones  |                 |
| X Add                         | <u>\$V</u> | Sally Smith |                 |
| Type of Action<br>(Check One) | Title      | <u>Name</u> | <u>Addres</u> s |
| I) Change                     |            | N/A         | N/A             |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |
| 2) Change                     |            | N/A         | N/A             |
| Add                           |            |             |                 |
| Remove Change                 |            | N/A         | N/A             |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |
| 4) Change                     |            | N/A         | N/A             |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |
| 51 Change                     |            | N/A         | N/A             |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |
| 6) Change                     |            | N/A         | N/A             |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |

| IANGING I             |   | cessary). (Be sp           |                     |                                       |               |                                       |
|-----------------------|---|----------------------------|---------------------|---------------------------------------|---------------|---------------------------------------|
|                       | BUSINESS NAME                             | FROM ZDIG HO               | DEDINGS INC TO      | O ZEN ZONE SEF                        | RVICES LLC    |                                       |
|                       |   |                            |                     |                                       |               | <del></del>                           |
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| <u>fan amen</u>       | dment provides fo                         | or an exchange, r          | eclassification, or | r cancellation of i                   | ssued shares, |                                       |
| provision:<br>(if no: | s for implementin<br>t applicable, indica | g tne amenament<br>ue N/4) | ii not containea    | in the amenamer                       | it itseii:    |                                       |
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| <b></b>   | N/A  |   |
|---|--|---|
| The date of each amendment(s) date this document was signed.          | adoption:  | , if other than the   |
| N/  | A  |   |
| Effective date if applicable:   | (no more than 90 days after o  |   |
|   | (no more than 90 days after t  | umenament jue aate)   |
| Note: If the date inserted in this document's effective date on the l |  | ry filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |   |
| ■ The amendment(s) was/were a action was not required.                | dopted by the incorporators, or board of dire  | ctors without shareholder action and shareholder            |
| ☐ The amendment(s) was/were a by the shareholders was/were            | dopted by the shareholders. The number of sufficient for approval.   | votes cast for the amendment(s)                             |
|   | pproved by the shareholders through voting per each voting group entitled to vote separate   |   |
| "The number of votes ca   | st for the amendment(s) was/were sufficient  | for approval  |
| DORON ZIV   |  | **  |
| ·/  | (voting group)   | <del></del>   |
|   |  |   |
| 11/15/202   |  |   |
| Dated   |  |   |
| Signature   | <u> </u>   | nont  |
| selec   | director, president or other officer - if direct<br>ed, by an incorporator - if in the hands of a<br>nted fiduciary by that fiduciary) |   |
|   | DORON ZIV  |   |
|   | (Typed or printed name of pers   | on signing)   |
|   | VP   |   |

(Title of person signing)