

L15000036071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

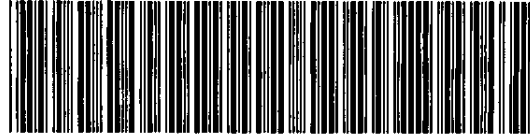
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800270853418

04/02/15--01012--021 \*\*25.00

15 APR - 2 PM 2:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C.L.  
4-20-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGZ INTERNATIONAL, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FULTON ABRAHAM CPA  
Name of Person  
FAS CPA & CONSULTANTS  
Firm/Company  
9010 SW 137 Ave Suite 201  
Address  
MIAMI FL 33186  
City/State and Zip Code  
sabram7@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FULTON ABRAHAM CPA at ( 305 ) 332-3898  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR -2 PM 2: 05

CGZ INTERNATIONAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2015 and assigned Florida document number L15000036071.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GMGR	Eulises Caraballo Larez	Carrera Buenos Aires Casa # 11	<input checked="" type="checkbox"/> Add
		Campo B2 Ferrominera, Puerto Ordaz	<input type="checkbox"/> Remove
		Estado Bolívar, Venezuela	
MGR	Ulises Caravallo Larez	CARRERA BUENOS AIRES CASA # 11	<input checked="" type="checkbox"/> Add
		PUERTO ORDAZ, BO 8050 VE	<input checked="" type="checkbox"/> Remove
GMGR	Gonzalo Garcia Meneses	Urbanización Roraima, Calle Bompland	<input checked="" type="checkbox"/> Add
		#15 Mz. 11 Alta Vista, Puerto Ordaz	<input type="checkbox"/> Remove
		Estado Bolívar, Venezuela	
MGR	Gonzalo Garcia Meneses	URB. RORAIMA, CALLE BOMPLAND	<input type="checkbox"/> Add
		#15 Mz. 11	<input checked="" type="checkbox"/> Remove
		PUERTO ORDAZ, BO 8050 VE	
GMGR	Fermin Antonio Zacarias	Avenida Atlántico, Urbanización	<input checked="" type="checkbox"/> Add
		Terrazas Del Atlántico, Calle 11	<input type="checkbox"/> Remove
		No. 11-7, Puerto Ordaz Estado Bolívar	
MGR	Fermin Antonio Zacarias	380 SW 4TH STREET APT. # 5	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article VI. The Nature of Company Business is Import & Export

Article VII. The Participation of each partner is as follows:

FERMIN A ZACARIAS	33.33%
EULISES CARABALLO LAREZ	33.33%
GONZALO GARCIA MENENDEZ	33.33%

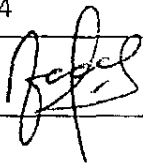
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR -2 PM 2:05

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 24 2015

✓ 

Signature of a member or authorized representative of a member

FERMIN A ZACARIAS

Typed or printed name of signee