

L16 000140717

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000247441 3)))



H180002474413ABC*

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6353

From: Account Name : TAXLEAF.COM INC
Account Number : 12014000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

2018 AUG 23 AM 9:49

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZURICH GROUP AND MANAGEMENT LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

REFUSED

2018 AUG 23 PM 12:54

T. CLINE
AUG 24 2018

EXAMINER

H18000247441 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZURICH GROUP AND MANAGEMENT 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 07/28/2016 and assigned Florida document number L16000140717

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: 1549 NE 123RD ST NORTH MIAMI, FL 33161

Enter new mailing address, if applicable: 1549 NE 123RD ST NORTH MIAMI, FL 33161

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: ACCOUNTANT & MANAGEMENT, INC.

New Registered Office Address: 1549 NE 123RD ST NORTH MIAMI, Florida 33161

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.

[Signature] Changing Registered Agent, Signature of New Registered Agent Page 1 of 3

H18000247441 3

H18000247441 3

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

2018-08-23 17:15:09

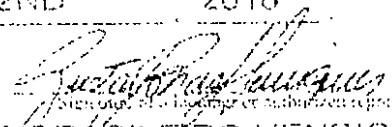
H18000247441 3

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

.....
.....
.....
.....
.....

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specified, must be prior to that of receipt of filed data and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST, 22ND 2018



Signature of a taxpayer or authorized representative of a taxpayer
GUSTAVO BRASII EIRO HENRIQUES

Typed or printed name of taxpayer

2018 AUG 23 AM 9:49