12/27/24, 11:04 AM Division of Corporations

L24000207034

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.

(((H24000423088 3)))

H24000423089ABC-

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)617-6383

From:
Account Name : CUEVAS, GARCIA & TORRES, P.A.
Account Number : I20030000123
Phone : (305)461-9500
Fax Number : (786)362-7127

FILED
2024 DEC 27 PM 12:18
TALLAHASSEE, FLORIDA

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
GZ UNIVERSAL DEVELOPERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

RECEIVED
2024 DEC 27 PM 12:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

DEC 30 2024

H24000423088 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC 27 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GZ UNIVERSAL DEVELOPERS 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 05/02/2024 and assigned Florida document number L24000207034.

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 contain 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

H24000423088 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

FILED
2024 DEC 27 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ZICAV GROUP LLC		☐Add
			■Remove
			☐Change
MGR	GZ UNIVERSAL INC		☐Add
			■Remove
			☐Change
MGR	ZICAV GROUP LLC	3201 COLONIAL DR UNIT D50	■Add
		ORLANDO, FL 32832	☐Remove
			☐Change
MGR	URBAN NETWORK CAPITAL GROUP LLC	2333 PONCE DE LEON BLVD	■Add
		SUITE 630	☐Remove
		CORAL GABLES, FL 33134	☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

H24000423088 3

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

N/A

FILED
2024 DEC 27 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

If an effective date is listed, the date must be specific, and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to s. 605.0207, F.S.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the 90th day after the record is filed.

Dated December 26 2024

Signature of a member or authorized representative of a member

Carlos Silva Corredor as Manager of ZR AV GROUP LLC, Manager

Typed or printed name of signee

Filing Fee: $25.00