## P09000041287

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            | ·         |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | MAIT               | MAIL      |
| · (Bu                   | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

Amend

MAR - 8 2013

T. BROWN

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF CORPORATION: Ziemann  |  |  |  |  |  |
| DOCUMENT NUMBER: P0900041   | 287  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                          |  |  |  |  |  |
| Please return all correspondence concerning this m  | atter to the following:  |  |  |  |  |
| Ingo Viehweg-   | -Klee  |  |  |  |  |
|   | Name of Contact Person   | 1  |  |  |  |
| Ziemann USA   | , Inc.   |  |  |  |  |
| Firm/ Company   |  |  |  |  |  |
| 1001 Brickell I   | Bay Dr. Suite 1  | 1806   |  |  |  |
|   | Address  |  |  |  |  |
| Miami, FL 331   | 31   |  |  |  |  |
|   | City/ State and Zip Cod  | e  |  |  |  |
| ingo viohwog klov   | o@ziomann co   | am.  |  |  |  |
| ingo.viehweg-kle  | used for future annual report                                      | JIII   |  |  |  |
| E-mail address: (to be t  | ised for future annual report                                      | nonneation)  |  |  |  |
|   | 11   |  |  |  |  |
| For further information concerning this matter, plea  | ase call;  |  |  |  |  |
| Ingo Viehweg-Klee   | ngo Viehweg-Klee at (786 ) 275-3870                                |  |  |  |  |
| Name of Contact Person  |  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |  | artment of State:  |  |  |  |
| □ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status                                | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address   | Street   | Address  |  |  |  |
| Amendment Section   |  | Iment Section  |  |  |  |
| Division of Corporations  | Divisio  | on of Corporations   |  |  |  |
| P.O. Box 6327   | Clifton  | Building   |  |  |  |
| Tallahassee FI 32314  | 2661 Executive Center Circle                                       |  |  |  |  |

Tallahassee, FL 32301



ZIEMANN USA Inc. • 1001 Brickell Bay Dr. Ste 1806, Miami, FL 33131

Teresa Brown

Sender Ingo Viehweg-Klee Phone / ext. 786-275-3870

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

e-mail Ingo.Viehweg-klee@ziemann.com

Miami, February 27th, 2013

Subject Ziemann USA, Inc. Ref. Number: P09000041287 Letter Number: 913A00003902

Dear Ms. Brown

In reference to your letter 913A00003902 dated Feb 18, 2013 please find enclosed our returned documents duly dated.

With kind regards,

Dr. Ingo Vichweg-Klee





February 18, 2013

INGO VIEHWEG-KLEE ZIEMANN USA, INC. 1001 BRICKELL BAY DR STE 1806 MIAMI, FL 33131

SUBJECT: ZIEMANN USA, INC. Ref. Number: P09000041287

We have received your document for ZIEMANN USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

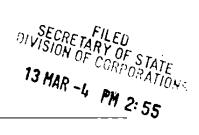
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 913A00003902

Teresa Brown
Regulatory Specialist II

www.sunbiz.org

## **Articles of Amendment** to Articles of Incorporation of



## Ziemann USA, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

| P0 | p00 | 004 | 128 | 7 |
|----|-----|-----|-----|---|

nent(s) to

| (Document Number of C  | orporation (if k          | nown)              |                              |   |                |
|--|---------------------------|--------------------|------------------------------|---|----------------|
| Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:   | Statutes, this <i>Flo</i> | orida Profit Corpo | oration ado                  | pts the following ame                       | ndme           |
| A. If amending name, enter the new name of the corp  | poration:                 |                    |                              |   |                |
|  |                           |                    |                              | The   | new            |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al | "Inc," or "Co             | ". A professiona   | "incorporati<br>il corporati | ated" or the abbrevi<br>on name must contai | ation<br>n the |
| B. Enter new principal office address, if applicable:  |                           |                    |                              |   |                |
| (Principal office address <u>MUST BE A STREET ADDR</u>   | EESS )                    |                    |                              |   |                |
|  |                           | " • "              |                              | <del></del>                                 |                |
|  |                           | <del> </del>       |                              | <del></del>                                 |                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | <b>,</b>                  |                    |                              |   |                |
| (Mulling address MAT BE A FOST OFFICE BOX)   | ,                         |                    |                              | <del></del>                                 |                |
|  |                           |                    |                              |   |                |
|  |                           | ····               |                              |   |                |
| D. If amending the registered agent and/or registered  |                           | s in Florida, ente | r the name                   | of the                                      |                |
| new registered agent and/or the new registered of  | ffice address:            |                    |                              |   |                |
| Name of New Registered Agent   |                           |                    |                              |   |                |
|  |                           |                    |                              |   |                |
|  | (Florida street           | address)           | _                            |   |                |
| New Registered Office Address:   |                           |                    | _, Florida                   |   |                |
|  | (City)                    |                    |                              | (Zip Code)                                  |                |
|  |                           |                    |                              |   |                |
| New Registered Agent's Signature, if changing Regis  |                           |                    |                              |   |                |
| I hereby accept the appointment as registered agent. I d   | am familiar with          | h and accept the o | obligations (                | of the position.                            |                |
|  |                           |                    | <del></del>                  |   |                |
| Cianatura of Nav   | Danielanus d Ame          | ent 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          | PT John               | n Doc          |                                       |
|----------------------------|-----------------------|----------------|---------------------------------------|
| X Remove                   | <u>V</u> <u>Mik</u>   | ee Jones       |                                       |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith        |                                       |
| Type of Action (Check One) | Title                 | <u>Name</u>    | <u>Addres</u> s                       |
| 1) Change                  | PD                    | Karl Butzmann  | 1001 Brickell Bay Dr.                 |
| X                          |                       |                | Suite 1806                            |
| Remove                     |                       |                | Miami, FL 33131                       |
| 2) Change                  | PD                    | Thomas Lehmann | 1011 Brickell Bay, Dr.                |
| Add                        | <del></del>           |                | Suite 1806                            |
| X Remove                   |                       |                | Miami, FL 33131                       |
| 3 ) Change                 |                       |                |                                       |
| Add                        |                       |                |                                       |
| Remove                     |                       |                |                                       |
| 4) Change                  |                       |                |                                       |
| Add                        |                       |                | · · · · · · · · · · · · · · · · · · · |
| Remove                     |                       |                |                                       |
| 5) Change                  | <del></del>           |                |                                       |
| Add                        |                       |                |                                       |
| Remove                     |                       |                |                                       |
| 6) Change                  |                       |                |                                       |
| Add                        |                       |                |                                       |
| Remove                     |                       |                |                                       |

| ttach additional sheets, if neces.                          | sary). (Be spe | ecific)                               |                                   |                               |  |
|---|----------------|---------------------------------------|-----------------------------------|-------------------------------|--|
| ·   |                |                                       |                                   |                               |  |
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| _   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
| an amendment provides for a provisions for implementing the | he amendment i | classification, o<br>If not contained | r cancellation o<br>in the amendm | issued shares,<br>ent itself: |  |
| (if not applicable, indicate l                              | V/A)           |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |
|   |                |                                       |                                   |                               |  |

| The date of each amendment(s) adoption: Feb 1, 2013  |
|--|
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s) (CHECK ONE)   |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |
| by"  |
| (voting group)   |
| ■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated 2/13/2013  |
| Dated 2/13/2013  Signature 2/13/2013   |
| (By a director, president of other officer - if directors or officers have not been  |
| <u>selected</u> , by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |
| appointed inductary by that riddelary,   |
| Ingo Viehweg-Klee  |
| (Typed or printed name of person signing)  |
| Vice President   |
| (Title of person signing)  |