P09000041287

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(Ac	idress)	
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15 OCT 26 PH 4:27

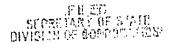
OCT 26 2015

CLEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Ziemann USA, Inc	c.	
DOCUMENT NUMI	BER: P09000041287		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Kornelia Tiede		
		Name of Contact Person	n
	Ziemann USA, Inc.		
		Firm/ Company	
	6625 Miami Lakes, DR Suite	420	
		Address	
	Miami Lakes, FL 33014		
		City/ State and Zip Cod	e
korne	lia.tiede@ziemann.com		
- ,	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Kornelia Tiede		at (305	297-7223
Name o	of Contact Person		
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)
Ame Diví P.O.	Ing Address Indment Section Ision of Corporations Box 6327 Ihassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



Articles of Amendment to Articles of Incorporation

15 OCT 26 PH 4: 27

	••
Ziemann USA, Inc.	
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P09000041287	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	tion;
Ziemann Holvrieka, Inc.	
name must be distinguishable and contain the word "con "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev	The new rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent	
•	
(FI	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	
Signature o	of New Registered Agent, 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)

Example:

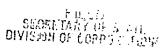
Please note the officer/director title by the first letter of the office title:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Karl Butzmann	6625 Miami Lakes Dr.
Add			Suite 420
X Remove			Miami Lakes, FL 33014
2) Change	PD	Ko Brink	6625 Miami Lakes Dr.
X Add			Suite 420
Remove			Miami Lakes, FL 33014
3) Change	D	Arend Muggen	6625 Miami Lakes Dr.
X Add			Suite 420
Remove			Miami Lakes, FL 33014
4) Change	DTS	Michael Kenserski	6625 Miami Lakes Dr.
X Add			Suite 420
Remove			Miami Lakes, FL 33014
5) Change			
Add			
Remove			
6) Change			
Add	 		
Remove			•

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sn amendment	provides for an excl	hange, reclassif	ication, or cancel	ation of issued sha	res,
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The date of each amendment(s) adoption: Oct. 1, 2015 15 OCT 25, Protice they the date this document was signed.
Effective date if applicable: Oct. 1, 2015 (no more than 90 days after amendment file date)
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.
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 Oct 14, 2015
Signature
appointed fiduciary by that fiduciary)
Klaus Gehrig
(Typed or printed manue of person signing)
Director
(Title of person signing)