

PD9000041287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

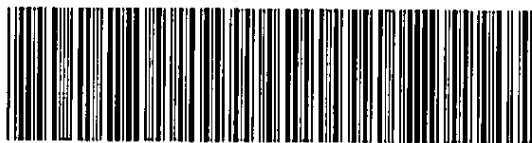
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500319810585

10/23/18--01008--015 **43.75

FILED
2018 DEC 12 AM 10:33
ST. LOUIS, MO
FBI - ST. LOUIS

Amend/cc

DEC 14 2018
i ALBRITTON

LANGBEIN & LANGBEIN, P.A.

• *"Providing Prompt, Professional and Personal Services"*

Leslie W. Langbein, Esq.
Bd Certified, Labor & Employment Law
FL Cert. Circ/Civil Mediator and Arbitrator

DATE: December 7, 2018

Via: US Mail

TO: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corrected Articles of Amendment
Ziemann Holvrieka, Inc.

FROM THE DESK OF:

LESLIE W. LANGBEIN, ESQ.

ENCLOSED PLEASE FIND:

- Letter received from Division of Corporations re: returned filing
- Corrected Original Articles of Amendment
- Copy of Corrected Articles of Amendment

**OUR OFFICE HAS MOVED AS OF 11/30/18, PLEASE SEND THE
REQUESTED CERTIFIED COPY OR ANY CORRESPONDENCE TO OUR NEW
ADDRESS: 7480 Fairway Dr. Suite 209, Miami Lakes, FL 33014**

7480 Fairway Dr. Suite 209, Miami Lakes, FL 33014
Tel: (305) 556-3663. Fax: (305) 556-3647
Email: langbeinpa@bellsouth.net



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2018

LESLSIE W. LANGBEIN, ESQ.
LANGBEIN & LANGBEIN, P.A.
8181 NW 154 ST - STE. 105
MIAMI LAKES, FL 33016

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

We have received your document for ZIEMANN HOLVRIEKA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 818A00022291

RECEIVED

2018 DEC 12 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FILED
2018 DEC 12 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ZIEMANN HOLVRIEKA, INC.

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

ZIEMANN HOLVRIEKA, INC.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

_____The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A _____, Florida _____
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

F. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

(Attach *additional sheets, if necessary*). (Be *specific*)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 21.11.2018
Signature [Handwritten Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Klaus Gehrig

(Typed or printed name of person signing)

Director

(Title of person signing)