P130000 37579

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Amend.

APR 0 6 2019

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NEW ALLIANZ C	CORP		
DOCUMENT NUMB	ER: P13000037579			
	f Amendment and fee are sul	bmitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:		
1	LILY CALDERON			
-		Name of Contact Persor	1	
:	SHOMAR ACCOUNTING, PA			
_	<u> </u>	Firm/ Company		
	7777 NW 146TH ST			
-		Address		
	MIAMI LAKES, FL 33016			
_		City/ State and Zip Cod	2	
LILY	@SHOMARACCOUNTING	.COM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter. pleas		825-1123	
	f Contact Person	at (305	de & Daytime Telephone Number	
	the following amount made		·	
■ \$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 Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

NEW ALLIANZ CORP					
(Name of Corpo	ration as currently	filed with the Florida	Dept. of State)		
P13000037579					
(Do	ocument Number of	Corporation (if known))		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpora	tion adopts the follow	ving amendn	nent(s) to
A. If amending name, enter the new name of th	ie corporation:				
				The ne	n:
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp." "Inc," or "C	lo". A professional c	ncorporated" or the orporation name mu	abbreviatio	n
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>`BOX</u>)		TALLAHAS	2019 HAR 28 SECKLIA (Y	7
D. If amending the registered agent and/or reg new registered agent and/or the new registe			ne name of the	PM 1:12	M
Name of New Registered Agent					
	(Florida stre	et address)			
New Registered Office Address:			, Florida		-
	((Ciţy)	(Z	Lip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		ith and accept the obli	gations of the positio	n.	
·		egistered Agent, if char	เย่าเย	_	

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	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	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	VP S	ZAHR, SAMER	2902 NW 72ND AVE.
X Add			MIAMI, FL 33122
Remove			-
2) X Change	РТ	ZAHR, MIKE	2902 NW 72ND AVE.
Add			MIAMI, FL 33122
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · ·
et le la	h
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
	25/2019	
Signature	director, president or other officer - if directors or officers have not bee	
	ed, by an) incorporator – if in the hands of a receiver, trustee, or other co	
арроі	nted fiddciary by that fiduciary)	
	MIKE ZAHR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	