## 15000/20338

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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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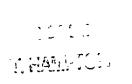
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SECRETARY OF STATE



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## COVER LETTER

TO: Registration Se Division of Cor			
AP FIORE			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JERRY COLLADO		
		Name of Person	·
	CMP INTERNATIONAL	CONSULTANTS INC	
		Firm/Company	
	10570 NW 27TH ST SUIT	TE 103	
		Address	
	DORAL, FL 33172		
		City/State and Zip Code	
	INFO@CMPINTERNATIO		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
JERRY COLLADO		305 503-5080	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP FIORETTI LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on <u>07/17/201</u>	5 and assigned
Florida document number L15000120338	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	pility company here:	٠
N/A			SEC SEC
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation,"L.L.C."
Enter new principal offices address, if applic	cable:	N/A	533
(Principal office address MUST BE A STREE	ET ADDRESS)		E S E S
			TATE 2
Enter new mailing address, if applicable:		N/A	»
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida stre	et address
	N/A		, 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	FIORETTI, PASQUALE G	7903 NW 111TH CT	Add
		DORAL, FL 33178	Remove
			□ Change
MGRM ———–	FIORETTI, FRANCESCO F	7903 NW 111TH CT	Add
		DORAL, FL 33178	☐ Remove
			Change
			Add
			Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			Add
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			Change

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factive date if other than the	late of filing:	prior to date of filing or m	ore than 90 days after fill g requirements, this da	al) ing.) Pursuant to 605.0 ate will not be listed
ote: If the date inserted in this block cument's effective date on the Dep record specifies a delayed	partment of State's rec effective date, bu	ords.	ime, at 12:01 a.n	n. on the earlie
ote: If the date inserted in this block cument's effective date on the Dep record specifies a delayed The 90th day after the reco	partment of State's rec effective date, bu rd is filed.	ords.	ime, at 12:01 a.n	n. on the earlie
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ated	effective date, burd is filed.  Signature of a member or	t not an effective t	of a member	n. on the earlier

Page 3 of 3

Filing Fee: \$25.00