

Jun 21 16 02:40p

Olga Santini

305 856 6122

B-1

Division of Corporations

Page 1 of 2

**UPB0020609**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000151234 3)))



H160001512343ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PRIME KEYS SOLUTIONS, LLC  
Account Number : J20140000094  
Phone : (305) 856-6121  
Fax Number : (305) 856-6122

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

OSantini@bellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CIM CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

EFFECTIVE DATE

6/24

JUN 22 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CIM CONSULTING LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLGA SANTINI

\_\_\_\_\_  
Name of Person

PRIME KEYS SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

1541 BRICKELL AVENUE

\_\_\_\_\_  
Address

MIAMI, FL 33129

\_\_\_\_\_  
City/State and Zip Code

OSANTINI@BELLSOUTH.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA SANTINI

305  
at ( )

856-6121

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**  
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

H160001512343

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 21 PM 2:12

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CIM CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/10/2015 and assigned  
Florida document number L15000206098

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 398304

1661 WEST AVENUE

MIAMI BEACH, FL 33239

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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

16 JUN 21 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Manager

NP = Not a Person

H1600001512343

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRISTINA I. MAS	1541 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1806	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33129	<input type="checkbox"/> Change
MGR	CRISTINA I. MAS	1661 WEST AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
JUL 21 2:12 PM  
FBI MIAMI

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

APR 2 1964

16 JUN 21 PM 2:12

E. Effective date, if other than the date of filing: 06/21/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated June 21, 2016

Signature of a member or authorized representative of a member

**Olga Santini**

Typed or printed name of signee

H160001512343