10/14/24, 5:25 PM

Verida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

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

renewals@barbosalegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CMP INTERNATIONAL LLC**

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

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Help

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COVER LETTER (((H24000344194 3)))

TO: Registration Section Division of Co	rporations		
	ERNATIONAL LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Erika Kitaoka da Silva		
		Name of Person	
	Barbosa Legal		
		Firm/Company	
	407 Lincoln Road PH-NE		
		Address	
	Miami Beach, FL 33139		
		City/State and Zip Code	
	renewals@barbosalegal.coi E-mail address: (n to be used for future annual report noti	fication)
For further information	concerning this matter, please c		
Erika Kitaoka da Silva		305 501-4680	
Name of Person		at () Area Code Daytim	e 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 tadditional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations l'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000344194 3)))

ssigned
L.L.C."
——————————————————————————————————————
ew registere
•

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.

/S/ Edwin Cisneros	on behalf of Barbosa Legal
If Changing Registered Ag	ent, 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:

(((H24000344194 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Barbosa Legal	407 Lincoln Rd	■Add
		PH-NE	□ Remove
		Miami Beach FL 33139	□Change
MGR	SEVILLA SERVICES INC.	P.O. BOX 140668	□Add
		CORAL GABLES	≅Remove
		FL 33114-0668	
			□Remove
			Change
			□Remove
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			□Change

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an effective date is listed, the date m	ist be specific and c	annot be prior to		юге than 90 days	after filing.) i		
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record specifies a delayed effecti is filed.	ve date, but not a	n effective time	c, at 12:01 a.m.	on the earlier o	f: (b) The	90th day a	fter the
October 14		2024					
	'S/Edwin Cis						
/							

Filing Fee: \$25.00

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