L22000244410

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S. ROBERTS
MAY 1 3 2023

COVER LETTER

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TO:

TO: Registration Se Division of Cor				
CIMEXPR	O LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALEJANDRO CASTRO			
		Name of Person		
	CIMEXPRO LLC			
		Firm/Company		
	1062 NW 123 CT			
		Address		
	MIAMI FLORIDA 33182			
		City/State and Zip Code		
	wilsonpulgarins@gmail.com		 	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	iffication)	
JORGE OSORIO		786 419-8098		
Name o	f Person		ne Telephone Number	
Enclosed is a check for th	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		Street Address:	adia.	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	The Centre of Tallahassee	
		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIMEXPRO LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited)	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000244410</u> .	y were filed on <u>05/26/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		<u> </u>
		- ;
		~) C)
Enter new mailing address, if applicable:		- ,
Mailing address MAY BE A POST OFFICE BOX)		<u>:</u>
		
		37
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter v torida street address	
	, Flori	
	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
MGR WILSON PULGARIN SANCHEZ	1062 NW 123 CT	■Add	
		MIAMI FL 33182	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			ПСЬ

o. Il anic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing:
ne record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	MARCH 10 2023
	Signature of a member or authorized representative of a member
	ALEJANDRO CASTRO
	Typed or printed name of signee

• • • • • • •

Filing Fee: \$25.00