## L24000 298942



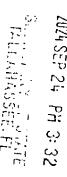
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## **COVER LETTER**

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Registration Section

TO:

Division of Corp	orations			
CIMA GOL	D INTERNATIONAL LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	LUCA ANGIOLOTTI			
		Name of Person	<del></del> -	
	CIMA GOLD INTERNAT	TONAL LLC		
	Firm/Company			
	7928 EAST DR UNIT 150	X5		
		Address	<del></del> _	
	NORTH BAY VILLAGE	FE, 33141		
	<del></del>	City/State and Zip Code	<del>_</del>	
	lucatoscanaconstruction@g	mail.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information co	ncerning this matter, please c	all:		
LUCA ANGIOLOTTI		786 953 2130		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	e 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 So Division of Co P.O. Box 6327 Tallahassee, F	ection prporations	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIMA GOLD INTERNATIONAL LLC		<del></del>
(Name of the Limited L) (A F	ability Company as it now appears on our recordance Limited Liability Company)	<u>1s.</u> )
The Articles of Organization for this Limited Liabil Torida document number 1.24000298942	ity Company were filed on 07/03/2024	and assigned
	<del></del> .	
his amendment is submitted to amend the following	ਨੇ:	
. If amending name, enter the new name of the	limited liability company here:	
e new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	<u> </u>	TALL D
Principal office address MUST BE A STREET A	DDRESS)	= N
		AC #
		in X ω
nter new mailing address, if applicable:		3: 3: 3: E
lailing address MAY BE A POST OFFICE BOX	2	
. If amending the registered agent and/or regisgent and/or the new registered office address he	tered office address on our records, <u>enter</u>	the name of the new regist
ent and/or the new registered office address ne	<u>rre</u> :	
Name of New Registered Agent:	ORGE FRANCISCO PALACIOS VARGAS	
New Registered Office Address:		
	Enter Florida street addre	S.Y
_		lorida
	Cin	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>	Address	Type of Action
AMBR	LUCA ANGIOLOTTI	7928 EAST DR UNIT 1506	
		NORTH BAY VILLAGE FL 33141	■Remove
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		<del> </del>	□Add
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(If an effective Note: If the	date, if other that the date is listed, the d the date inserted in s effective date on	ate must be specific this block does n	and cannot be prior of meet the application of the capplication of	r to date of filing o	r more than 90 days af	tional) er filing.) Pursuant to 60 his date will not be lis	5.0207 (3) ted as the
he record sp ord is filed.	ecifies a delayed e	ffective date, but	not an effective t	ime, at 12:01 g.r	n. on the earlier of:	(b) The 90th day afte	er the
Dated	)9		2024	-7/nr			
				orized representat			

Typed or printed name of signee