P13000093874

(Re	questor's Name)			
	dress)			
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(Cit	y/State/Zip/Phone #	/)		
PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				





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11/10/20



COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CXP-USA CORP DOCUMENT NUMBER: P13000093874 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NICOLAS EGUIGUREN Name of Contact Person CXP-USA CORP Firm/ Company 2025 NW 102ND AVE SUITE 108 Address MIAMI, FLORIDA 33172 City/ State and Zip Code nicolas.eguiguren@cxp-usa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NICOLAS EGUIGUREN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CXP-USA CORP. 2020 CCT -2 PM 4: 05

(Name of Corporation as cu	urrently filed with the Florida Dept. of STATE
P13000093874	TALLAHASSET, FIL
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	tion:
	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating duaress MAT BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jo	one <u>s</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
1) Change	Asst T	- -	JUAN PABLO MONTOYA	2025 NW 102 AVE #108	
Add				DORAL, FL 33172	
A Remove 2) Change	Asst T		GIROLAMA AGRUSA	2025 NW 102 AVE #108	
X Add		_		DORAL, FL 33172	
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	<u> </u>
	(no more man 70 days after amenament fite date)	,
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the am sufficient for approval.	nendment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	······································	•
	(voting group)	
09/24/202 Dated Signature	FU	
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	NICOLAS EGUIGUREN	
	(Typed or printed name of person signing)	
	COUNTRY MANAGER / TREASURER	
	(Title of person signing)	.