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.

(((H180003481663)))



H180003481663ABC4

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)617-6380

From:

Account Name : VITERI FINANACIAL CORPORATION

Account Number : 120180000091 Phone : (786)390-6735

Fax Number : (305)675-7799

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

R WHITE

Email Address: XAVIFERNANDO@VITERIFINANCIAL.COM

GIC 1 0 2813

COR AMND/RESTATE/CORRECT OR O/D RESIGN CX HOLDINGS INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

2018 DEC - 7 AM IO: 07
SECRETARY US STATE

SECTETATIVE SECTION

Electronic Filing Menu

Corporate Filing Menu

Help

H180003481663

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION	N:CX HOLDINGS I	NC	
DOCUMENT NUMBER: P	18000074987		
The enclosed Articles of Ame		bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
XAVIE	ER VITERI		
		Name of Contact Person	1
VITER	II FINANCIAL CORF	ORATION	
		Firm/ Company	
6721 S	W 69 TERRACE	, , , , , , , , , , , , , , , , , , , ,	
		Address	
MIAM	i, FL 33143		
		City/ State and Zip Code	2
XAVIFERN	ANDO@VITERIFINA	ANCIAL COM	
	- '	ed for future annual report	natification)
L-	iisiii dadi cos. (10 oc u.	co for facate annual report	Bothettony
For further information concer	ming this matter, pleas	se call:	
XAVIER VITERI		305 at (975-2738 de & Daytime Telephone Number
Name of Conta	net Person	Arça Co	de & Daytime Telephone Number
Enclosed is a check for the fol	llowing amount made j	payable to the Florida Depa	rtment of State:
•	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

H18000348166 3

Articles of Amendment to Articles of Incorporation of FILED

2018 DEC -7 AM 10: 06

SECRE ANY SE STATE

CX HOLDINGS INC		TALLAHINGSESTATE
(Name of Corporation a	currently filed with the Florid	a Dept. of State)
P18000074987		
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration;	
		The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abbi	Inc," or "Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered o		he name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent		
•	(Florida street address)	
New Registered Office Address:	(Cirv)	, Florida
	$i(\cdot;\hat{w})$	72φ Εσθέρ
New Registered Agent's Signature, if changing Register	red Agent:	
Thereby accept the appointment as registered agent. I am	familiar with and occept the obli	gations of the position.

Signature of New Registered Agent, if changing

Example:

H18000348166 3

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)

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, Solly 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	PT	John Dog	
X Remove	\underline{V}	Mike Jones	
X Add	<u>\$y</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	XAVIER VITERI	2700 SW 27 AVENUE
Add			SUITE #709
X Remove			MIAMI, FL 33133
2) Change	VP	XAVIER VITERI	2700 SW 27 AVENUE
X Add			SUITE #709
Remove			MIAMI, I'L 33133
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

H18000348166 3

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-	
	
provisions for implementing the anic	nance, reclassification, or cancellation of issued shares, and ment if not contained in the unconduct itself:
(if not applicable, indicate N/A)	administration of the state of

H18000348166 3

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were sa	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement vach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
12/07/201 Dated	8	
Signature_Xav	ier Viteri	
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	_
	Xavier Viteri	
	(Typed or printed name of person signing)	<u>. </u>
	Vice President	
	(Title of person signing)	