P19000022668

(Re	questor's Name)	
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C. GOLDEN
JUN 1 0 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CIEMCO USA, C	ORP	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	EDGAR NIVIA		
		Name of Contact Perso	n
	3100 NW 72ND AVE SUIT	Firm/ Company E 105	
	MIAMI, FL 33122	Address	
	-	City/ State and Zip Cod	e
For further information	E-mail address: (to be u	sed for future annual report se call:	notification)
EDGAR NIVIA		305	297-7146
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

CIEMCO USA, CORR

MIQHAV 22 DI 10

CHEMICO OSA, CORP	2013 MAY 22 PM 3:
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P19000022668	- 17 th 2, 19
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co" A professional corneration name must assess to the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	t: with and accept the obligations of the position.
Ci	0
Signature of New	Registered Agent, if changing

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, 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.

Example: X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Salfy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	MILLER ARIEL CASTRO SERRAT	3100 NW 72ND AVE SUITE 105
Add			MIAMI, FL 33122
X Remove			
2) Change	D	EDWIN A HOYOS TRIBINO	3100 NW 72ND AVE SUITE 105
Add			MIAMI, FL 33122
X Remove			
3) X Change	P	EDGAR NIVIA	3100 NW 72ND AVE SUITE 105
Add			MIAMI, FL 33122
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)
A	
	
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<u></u>	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) ado date this document was signed.	ption:	, if other than
5/20/20	019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date wirtment of State's records.	ill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
5/20/2019 Dated		
Signature		
(By a di/e select/d, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
EI	OGAR NIVIA	
	(Typed or printed name of person signing)	
Pł	RESIDENT	
_	(Title of person signing)	

the

the