## P20000045281

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.55)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

2020 STT 23 PM 1:54

			, , , , , , ,
NAME OF CORPO	RATION: CEMENGAL AMI	ERICA INC	
	BER: P20000045281		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	KATRIN FORSTER CSVAN	NY	
		Name of Contact Person	<u> </u>
	FTAA CONSULTING INC		
		Firm/ Company	
	8930 W STATE RD. 84 # 28	9	
		Address	
	DAVIE, FL 33324		
		City/ State and Zip Code	
	katrin@ftaaconsulting.com		
	9	16-64	iCi
	r-maii address: (to be us	sed for future annual report	noutication)
For further information	on concerning this matter, pleas	se call:	
Katrin Forster Csvan	у	954 at (	6320922
Name of Contact Person		Anta Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee &	☐\$43.75 Filing Fce &	S52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy is enclosed)
Mailing Address		Street .	Address
Ап	nendment Section	Amendment Section	
	rision of Corporations	Division of Corporations	
	D. Box 6327		entre of Tallahassee
Tai	lahassar F1 32314	2415 እ	J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CEMENGAL AMERICA INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000045281 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/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: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## Check if applicable

<sup>☐</sup> 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)

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	<u>PT</u> Jo	ohn Doe	
X Remove	<u>v</u> <u>w</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Officer	Rafael Castillo-Triana	8930 W State Rd. 84 # 289
X Add			Davie, FL 33324
Remove			<del></del>
2) Change			
Add			
Remove 3) Change	<del></del>	- <u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	or adding additional Ar ional sheets, if necessary).	(Be specific)			
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If an amendi	ment provides for an exc for implementing the am applicable, indicate N/A)	hange, reclassificat endment if not cont	ion, or cancellation of ained in the amendm	f issued shares, ent itself:	
(if not a					
(if not a		<del></del>			
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The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	September 17 of 2020	
<del></del>	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for e sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	following statement endment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Septem Dated	ber 17, 2020	
Signature	Karin D. Finter berany	
(By	a director, president or other officer – if directors or officers	
	ected, by an incorporator – if in the hands of a receiver, trust	ee, or other court
арр	ointed fiduciary by that fiduciary)	
	Katrin Forster Csvany	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	