P2000045251

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CEMENGAL AM	ERICA, INC.	
	1BER: P20000045281		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	KATRIN FORSTER CSVA	NY	
		Name of Contact Person	1
	FTAA CONSULTING INC		
		Firm/ Company	
	8958 W STATE RD 84 #289	• •	
		Address	
	DAVIE, FL 33324		
		City/ State and Zip Cod	e
	katrin@ftaaconsulting.com		
	-	sed for future annual report	notification)
for further informati	on concerning this matter, plea	se call:	
Katrin Forster Csvany		at (<u></u>	6320922
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	
Division of Corporations			on of Corporations
P.O. Box 6327			entre of Tallahassee
1 a	llahassee, FL 32314	2415 f	4. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CEMICINGAL AIMERICA INC.	CEMENGAL.	AMERICA INC.	
--------------------------	-----------	--------------	--

CEMENDAL AMERICA INC.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P20000045281	
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
N/A	_
name must be distinguishable and contain the word "corporation," or Co.," or the designation "Corp." "Inc.," o "chartered," "professional association," or the abbrevia	The new poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	(ESS)
C. Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	N/A 5
 If amending the registered agent and/or registered new registered agent and/or the new registered officered. 	1 office address in Florida, enter the name of the fice address:
NU	ince address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ered Agent:
hereby accept the appointment as registered agent. I am	om familiar with and accept the obligations of the position.
Signature	re of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.6	1.0120 (11) (e), F.S.
	C / Ch - 10

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
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)	
/A		
		_
		}
		 :[
	<u> </u>	
		 -
		-
If an amandment annuity of the same to		•
provisions for implementing the amen	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	untent if not contained in the amendment itself:	
· · · · · · · · · · · · · · · · · · ·	nt executed September 15, 2023, Article IV shall be amended as follows:	
e number of shares that the Corporation is	authorized to issue is 6,000	
		

September 15, 2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
September 15, 2023 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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	
by	
Dated 11/22/23 Signature Kakin D. Fistos	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Katrin Forster Csvany (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	-
(Title of person signing)	
	: :_