P210000833333

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<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CBM USA CORP				
DOCUMENT NUMBER: P21000083333				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	natter to the following:			
DAYANA K LOPEZ BAS	SURTO			
	Name of Contact Person			
DKL CONSULTANT I.LC				
	Firm/ Company			
1423 PONCE DE LEON E	BLVD			
	Address			
CORAL GABLES FL 331	34			
	City/ State and Zip Code			
info@dklconsultant.com				
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, plants NANA KLOPEZ PASSIBLEO				
DAYANA K LOPEZ BASURTO	at (786) 4288382			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	-			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000083333	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen its Articles of Incorporation:	I(s)
A. If amending name, enter the new name of the corporation:	
The new 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."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	n
(Mailing address MAY RE A POST OFFICE ROY)	- - -
H. 70	- 17A
SET T	A
	J
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 City (City)	
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 ☐ 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 PTO

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>	<u>John Doe</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jones	•	
X Add	<u>SV</u>	Sally Smith		1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change	P	CARLO	S RUIZ GUERRERO	1423 PONCE DE LEON BLVD.
Add			-	CORAL GABLES, FL 33134.
Remove				
2) X Change	VP	CESAR	HERNANDEZ SANABRIA	1423 PONCE DE LEON BLVD.
Add				CORAL GABLES, FL 33134.
Remove 3.) Change	 		····	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional shee N/A	9	Be specific)				
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		<i>!</i>				
If an amendment pro-	vides for an exchang	ze, reclassificatio	on, or cancellation	of issued shares	1	
provisions for implementation (if not applicable)	menting the amendn . indicate NA)	nent if not conta	ined in the ameno	<u>lment itself:</u>		
₽A	, ,					
<u></u>						
						
			·			

The date of each amendment(s) date this document was signed.	adoption;	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statinory filing requirements, this data Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval,) U
	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	rit
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
01/19/201 Dated		
Signature		
select	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 need fiduciary by that fiduciary)	
	CARLOS RUIZ GUERRERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	- Literatura - Lit