

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.

(((H19000243945 3)))



1	Doing so will generate anothe	n cover speet,	
To:			
	Division of Corporations Fax Number : (850)617-6380		
From:			
I	Account Name : FILINGS, INC.		
	Account Number : 072720000101 Phone : (954)791-2100		
	Fax Number : (954)583-4117		
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ar En	COR AMND/RESTATE/CORREC	email address p CT OR O/D RE	ESIGN FOR
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Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 9 2019

H19000243945

Articles of Amendment to Articles of Incorporation of

CIMEX INVEST INC.						
(Name of Corpor	ation as currently f	iled with the Florid	a Dept. of State)			
P98000019286						
(Doc	cument Number of C	orporation (if known)	· <u>-</u>		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this F76	orida Profit Corpora	tion adopts the fo	llowing am	endmei	at(s) to
A. If amending name, enter the new name of the	corporation:					
				The	new	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co he abbreviation "P./	". A professional c	ncorporated" or orporation name	the abbres	riation	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ole: DDRESS)		<u> </u>			
	•	······				
	-				_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	kaya					
THE STATE OF THE S		-			2019	
	-			<u> </u>	AUG	-
	-			<u>- ≥3 -</u> >:	-	France Company Company
b. If amending the registered agent and/or regist	cred office address	in Florida; enter th	e name of the	SS.	→	
new registered agent and/or the new registere	g office address;			ំព្រះ ឃ	AM IO:	,
Name of New Registered Agent			···-		ယ	
					5	
	(Florida street a	eddress)				
New Registered Office Address	(Cin))	, Florida	(Zip Code)		
·	(20)	,		(Zip Cinte)		
iew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered Agent: I am familiar with t	and acceps the obligs	ation s of the posit	ion.		
Sign	nature of New Regist	ered Agent, if chang	ing			

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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	PT	John Doe	
X Remove	Y	Mike Jones	•
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PST	Jana Sobotova	5129 Castello Dr., Suite 4
Add			Naples, FL 34103
Remove			
2) Change	VP	Petr Lukes	5129 Castello Dr., Suite 4
Add			Naples, FL 34103
Remove			·
3)Change	\$ 	A.C.M. Advertising Consulting and Management Co.	5129 Castello Dr. Suite 4
Add			Naples, FL 34103
Remove		·	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
n Change			
Add	-		
Remove			

	y). (Be specific)			
				
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an amendment provides for an excovisions for implementing the and (if not applicable, indicate N/A)	hange, reclassification endment if not contaî	n, or cancellation of issued in the amendment i	<u>ted ghares,</u> t <u>self:</u>	
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<u> </u>	hange, reclassification endment if not contaî	n, or cancellation of issued in the amendment i	tself:	
<u> </u>	hange, reclassification endment if not contain	n, or cancellation of issumed in the amendment i	tself:	
an amendment provides for an exerovisions for implementing the and (if not applicable, indicate N/A)	hange, reclassification	n, or cancellation of issued in the amendment i	tself:	

08/16/2019 2:34PH FAX 9548414192	BLACKSTONE LEGAL SUPPLIE	₫ 0005/0006
H19000243945 The date of each amendment(s) adoption:		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
date this document was signed.		
Effective date if applicable:		
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendmen proval,	at(s)
The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following states group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amend	lment(s) was/were sufficient for approval	
by		
by	ig group)	
The amendment(s) was/were adopted by the beaction was not required.	oard of directors without shareholder action and sharehold	đer
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder	
August 15, 2019		
Dated		
+ Signature_/h		
(By a director, preside	ent or other officer - if directors or officers have not been	 .
Selected, by an incorp	iorator ~ if in the hands of a receiver, trustee, or other cou	πt
appointed fiduciary b	y that fiduciary)	
Jana Sobotova	ı	
(T ₃	rped or printed name of person signing)	
President		
	(Title of person signing)	