

9/26/23 12:07 PM

Division of Corporations

**L210052562**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CYAN CONSULTANTS INC.  
Account Number : 12018000074  
Phone : (321)710-2030  
Fax Number : (407)650-3216

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@cyaninc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FPS GLOBAL GROUP, LLC

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SEP 27 2023  
11:11 AM

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FPS GLOBAL GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDA GUTIERREZ

Name of Person

FPS GLOBAL GROUP LLC

Firm Company

111 E MONUMENT AVE, SUITE 401-12

Address

KISSIMMEE, FL 34741

City State and Zip Code

DOCUMENTS@CYANINC.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA GUTIERREZ

321 710-2050

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FPS GLOBAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/23/2021 and assigned Florida document number L21000502567

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO CHANGE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 E MONUMENT AVE SUITE 401 - 12 KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 E MONUMENT AVE SUITE 401 - 12 KISSIMMEE, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIA C. I. MONTOYA
New Registered Office Address: 111 E MONUMENT AVE, SUITE 401 - 12 KISSIMMEE, Florida 34741

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Handwritten signature of Maria C. I. Montoya

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDA GUTIERREZ	111 E MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401 - 12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
MGR	SARA GUTIERREZ	111 E MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401 - 12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter changes) here: *(Attach additional sheets, if necessary.)*

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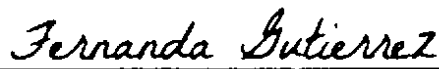
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (1) The 90th day after the record is filed.

Dated: August, 31th 2023



Signature of a member or authorized representative of a member

FERNANDA GUTIERREZ

Typed or printed name of signer