

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L2400022761339

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H240002276133ABC.

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

From: Account Name : CYAN CONSULTANTS INC.  
 Account Number : 120180000074  
 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@cyancinc.com

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 TALLAHASSEE, FLORIDA  
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2024 JUL -3 AM 9: 13

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 TO MAGIC LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

M. SOLOMON  
 JUL - 3 2024



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TO MAGIC 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 06/25/2024 and assigned Florida document number L24000285639.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(Mailing address MAY BE A POST OFFICE BOX)

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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.*

If Changing Registered Agent, Signature of New Registered Agent

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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          | MARCELA A GANADER | 111 E MONUMENT AVE  | <input checked="" type="checkbox"/> Add |
|              |                   | SUITE 401-12        | <input type="checkbox"/> Remove         |
|              |                   | KISSIMMEE, FL 37471 | <input type="checkbox"/> Change         |
|              |                   |                     | <input type="checkbox"/> Add            |
|              |                   |                     | <input type="checkbox"/> Remove         |
|              |                   |                     | <input type="checkbox"/> Change         |
|              |                   |                     | <input type="checkbox"/> Remove         |
|              |                   |                     | <input type="checkbox"/> Change         |
|              |                   |                     | <input type="checkbox"/> Add            |
|              |                   |                     | <input type="checkbox"/> Remove         |
|              |                   |                     | <input type="checkbox"/> Change         |
|              |                   |                     | <input type="checkbox"/> Add            |
|              |                   |                     | <input type="checkbox"/> Remove         |
|              |                   |                     | <input type="checkbox"/> Change         |
|              |                   |                     | <input type="checkbox"/> Add            |
|              |                   |                     | <input type="checkbox"/> Remove         |
|              |                   |                     | <input type="checkbox"/> Change         |

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