

Florida Department of  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000069544**

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To:

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

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@cyaninc.com

**LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN  
ABRAHAM INTERNATIONAL INVESTMENTS, LLC**

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STATE  
DIVISION OF  
CORPORATIONS

2024 JUL 25 PM 1:49

APPROVED  
AND  
FILED

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ABRAHAM INTERNATIONAL INVESTMENTS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARIA M CARTAGENA

\_\_\_\_\_  
Name of Person

ABRAHAM INTERNATIONAL INVESTMENTS, LLC

\_\_\_\_\_  
Firm/Company

14436 MAGNOLIA RIDGE LOOP

\_\_\_\_\_  
Address

WINTER GARDEN, FL 34787

\_\_\_\_\_  
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:

MARIA M CARTAGENA

321

710-2030

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

ABRAHAM INTERNATIONAL INVESTMENTS, 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 03/27/2017 and assigned  
Florida document number L17000069546.

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:

-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

City

Florida

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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AND  
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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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>
AMBR	CARTAGENA, MARIA M	14436 MAGNOLIA RIDGE LOOP	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIANA A. ESCOBAR CARTAGENA	14436 MAGNOLIA RIDGE LOOP	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<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
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			<input type="checkbox"/> Change

