

8/22/2018

Division of Corporations LLC

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CYAN CONSULTANTS INC.
Account Number : 120180000074
Phone : (407)346-5731
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: contact@cyaninc.com

2018 AUG 23 AM 10:13

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KLAV ENTERPRISE GROUP, LLC

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AUG 24 2018

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLAV ENTERPRISE GROUP, 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:

PAOLA BORNACELLI

Name of Person

CYAN CONSULTANTS INC.

Firm/Company

8015 INTERNATIONAL DR UNIT 309

Address

ORLANDO, FL 32819

City/State and Zip Code

contact@cyaninc.com

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

2018 AUG 23 AM 10:13

For further information concerning this matter, please call:

PAOLA BORNACELLI

407 757-9510

Name of Person

at ()

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KLAV ENTERPRISE 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 05/16/2017 and assigned Florida document number L17000107585.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

PAOLA ANDREA BORNACELLI SALAZAR

New Registered Office Address:

430 W NEW ENGLAND AVE STE #A

Enter Florida street address

WINTER PARK


City

Florida 32789

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

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	(1) SEE BELOW*	KEEP SAME ADDRESS	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 change(s) here: (Attach additional sheets, if necessary.)

*(1) CORRECT FULL NAME OF THE MANAGER PAOLA BORNACELLI SHOULD BE:

FIRST NAME: PAOLA ANDREA

LAST NAME: BORNACELLI SALAZAR

RECEIVED
AUG 23 11:13**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:

(b) The 90th day after the record is filed.

Dated August 14th, 2018_____
Signature of a member or authorized representative of a member

PAOLA ANDREA BORNACELLI SALAZAR

Typed or printed name of signer