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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : 120180000074 : (407)346-5731 Phone Fax Number : (407)650-3216

ulletEnter the email address for this business entity to be used for future $rac{1}{2} rac{1}{2}$ annual report mailings. Enter only one email address please.**

Email Address: contact@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAKIN SALES, LLC

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TO:

Registration Section

Tallahassee, FL 32314

COVER LETTER

Division of Corp	porations		
MAKIN SA	LES, LLC		
SUBJECT:	Name of Lim		
The enclosed Articles of a	Amendment and feets) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MARIA C. T. MONTOYA	\	
		Name of Person	
	CYAN CONSULTANS II	NC.	
	On to INTERPRETATION AT	Firm/Company	
	8015 INTERNATIONAL	DR UNIT 309	
	ORLANDO, FL 32819	Adchess	
	(M. a., (17), 17)		····
	contact@cyancinc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	incerning this matter, please c	ull:	19 J
MELANIE A. MAKIN		352 455-0044	F 7
Name of	Person	Area Coxle Daytime Telepho	ine Number
Enclosed is a check for th	e following amount:		
■ \$25.(R) 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 (subditional copy is enclosed)
	ING ADDRESS:	STREET/COURIER ADI	DRESS:
Divisio	n of Corporations	Division of Corporations Clifton Building	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKIN SALES, LLC			
(Name of the Limite	d Liability Compa A Florida Limited (ny as I <mark>t now appears on our recor</mark> e Liability Company)	ds.
The Articles of Organization for this Limited Lis Florida document number L17000117094	nbility Company	were filed on05/26/2017	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liah	ility company here:	
/NO CHANGE/			
The new name must be distinguishable and contain the we	ords "Limited Linbi	lity Company," the designation "LLC	Of or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	/NO CHANGE/	
(Principal office address MUST BE A STREET ADDRESS)		/NO CHANGE/	
Enter new mailing address, if applicable:		/NO CHANGE/	19 JU
(Mailing address MAY BE A POST OFFICE I	ding name, enter the new name of the limited liability company here: GE/ remain be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) mailing address, if applicable: MO CHANGE/ MO CHANGE/ MO CHANGE/ ANO CHANGE/ Proceeding the registered agent and/or registered office address on our records, enter the name@therewater the name of New Registered Agent: MO CHANGE/ MO CHANGE/		
			ls, enter the name of the new
Name of New Registered Agent:	/NO CHANGE	<u> </u>	
New Registered Office Address:	/NO CHANGE		
	ind/or registered office address on our records, enter the name the name of the notation address bere: /// // // // // // // // // // // // /		
			lorida
		City	Zip Code

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>	Address	Type of Action
MGR	MAKIN, MELANIE A	1655 3rd ST.	
			
		CLERMONT, FL 34711	
			■ Remove
			
	MELANIE AUTUMN MAKIN	1655 3rd ST.	Change
MGR	P.A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Add
•		CLERMONT, FL 34711	
			□ Remove
			Change
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