

U17 000 117094

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 : 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@cyancinc.com

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19 JUL 26 AM 10:47
TALLAHASSEE, FLORIDA

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

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EXAMINER

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAKIN SALES, 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 C. T. MONTOYA

Name of Person

CYAN CONSULTANS 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)

For further information concerning this matter, please call:

MELANIE A. MAKIN

352

455-0044

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 &
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(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

FILED
19 JUL 26 AM 11:47
CLERK OF COURT
JUL 26 2019
TALLAHASSEE, FL

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	MAKIN, MELANIE A	1655 3rd ST. CLERMONT, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MELANIE AUTUMN MAKIN P.A	1655 3rd ST. CLERMONT, FL 34711	<input type="checkbox"/> Change <input checked="" 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
			<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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CLERMONT, FL
CLERK OF COURT
JULIA A. BROWN
CLERK OF COURT

D. If amending any other information, enter change(s) 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)

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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 JULY 23rd 2019

Melanie Autumn Makin

Signature of a member or authorized representative of a member

MELANIE A. MAKIN, MGR

Typed or printed name of signer