

3/12/2019

Division of Corporations

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CFS DOWNTOWN LLC

Certificate of Status	0
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2019 MAR 12 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 12 AM 10:29

T. Glass
3/13/19

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: CFS DOWNTOWN 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 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)

For further information concerning this matter, please call:

PAOLA BORNACELLI

407

757-9510

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL 0901

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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

CFS DOWNTOWN 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 04/26/2013 and assigned
Florida document number L18000105054.

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
registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA FERNANDA BORNACELLI SALAZAR

New Registered Office Address:

54 W CHURCH ST STE 150

Enter Florida street address

ORLANDO

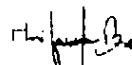
City

Florida 32819

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

[illegible]

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FALL MASS. FIELD

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 MAR 12 AM 11:05
SECRETARY OF
HILAHASSEL

2019 MAR 12 AM 10:50
SECRETARY OF STATE
INTERNAL SECURITY - OPT
1

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E. Effective date, if other than the date of filing: _____ (optional)

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 MARCH 11th 2019

Thi. J. B.

Signature of a member or authorized representative of a member

MARIA FERNANDA BORNACELLI SALAZAR

Typed or printed name of signee