Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000887293)))



H190000887293ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074 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

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY MAR 18 2019

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Æ,

Registration Section

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		NTOWN LLC		
icojeci.		Name of Lim	ited Liability Company	
The enclosed	LArricles of a	Amendment and fee(s) are sub	mitted for filing.	
lease return	all correspo	ndence concerning this matter	to the following:	
		MARIA C. T. MONTOYA	A	
		CYAN CONSULTANTS	Name of Person INC.	
		8015 INTERNATIONAL	Firm/Company DR. UNIT 309	
		ORLANDO, FL 32819	Address	· <u>·····</u> ·
		contact@cyancinc.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For further in	ilormation co	oncerning this matter, please ca	uil:	
PAOLA BO	RNACELLI		407 757-9510	0
	Name of	Person	at () Area Coxle Day	ytime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)

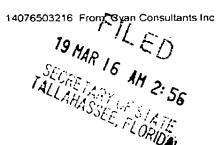
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

2019-03-15 19:59 25 (GMT)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



CES DOWNTOWN LLC			ORIDA
(Name of the Lin	lted Liability Compa (A Florida Limited)	ny a <mark>s it now appears on</mark> Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number L18000105054	Liability Company	were filed on 04/26/	2018 and assigned
This amendment is submitted to amend the fo	llowing:		
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	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	-NO CHANGE-	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-NO CHANGE-	
B. If amending the registered agent and registered agent and/or the new registered. Name of New Registered Agent:	office address her		r records, enter the name of the m
	54 W CHURCH ST STE 150		
New Registered Office Address:		Enter Florida	street address
	ORLANDO		, Florida 32819
		City	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

Page 1 of 3

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>	Name DAGLA ANDREA	Address	Type of Action
MGR	PAOLA ANDREA BORNACELLI SALAZAR	54 W CHURCH ST STE 150	\ Add
		ORLANDO, FL 32801 US	
			☐ Remove
			Change
MGR	GUILLERMO BERNAL	54 W CHURCH ST STE 150	
	MARTINEZ		
•		ORLANDO, FL 32801 US	Remove
			C Remove
			☐ Change
AMBR	BERNAL CASTELLANOS, CARLOS DANIEL	54 W CHURCH ST STE 150	_
		ORLANDO, FL 32801 US	
			■ Remove
			Change
AMBR	BORNACELLI SALAZAR, MARIA FERNANDA	54 W CHURCH ST STE 150	
		ORLANDO, FL 32801 US	
			■ Remove
			ħ Classes
	KLAV ENTERPRISE GROUP.	54 W CHURCH ST STE 150	Change
AMBR	LLC		■ Add
	BORNACELLI SALAZAR, MARIA FERNANDA S4 W CHURCH ST S ORLANDO, FL 3280 ORLANDO, FL 3280 KLAV ENTERPRISE GROUP. LLC 54 W CHURCH ST S	OREANDO, FL 32801 US	5.5
			□ Remove
			Change
			A SP 19
			T Se Company
			Rem <mark>ov</mark> e
			D.Change
			AMEZ: 56
	Pas	ge 2 of 3	

	<u> </u>	
	一	
	· · · · · · · · · · · · · · · · · · ·	, 1
	Fig. 3	主
	95	ぶだ
	25	٥٠
		
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	late of filing:	0207 (d as t
he record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earliered is filed.	r of:
Dated MARCH 15th	2019	
	The land By	
	ignature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00