9/12/2019

Division of Corporations

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

(((H19000273670 3)))



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 CES COFFEE FRANCHISE LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

T GLASS

SEP 1 3 2019

COVER LETTER ...

. 5

	Registration Se Division of Cor				
SUBJEC		EE FRANCHISE LLC			
50.470.250	••	Name of Lin	nited Liability Company		
The encir	ised Articles of	Amendment and feets) are sub	omitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		PAOLA BORNACELLI			
Name of Person CES COFFEE FRANCHISE LLC					
	Firm/Company 54 W CHURCH ST STE 150				
		ORLANDO, FL 32801	Address		7). 2019 SEP 1.2
City/State and Zip Code contact@cyanciuc.com					7 TA
		E-mail address: (to be used for future annual report notified	rion)	
For furthe	er information co	oncerning this matter, please c	all:		ယ္ -
PAOLA	BORNACELLI		407 757-9510	•	19
	Name of	ì Person	at ()at () Area Code ——Daytime T	eleptione Number	-
Enclosed	is a check for th	e following amount:			
\$25.0	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	itatus &

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, I'L 32301

14076503216 From: Cyan Consultants Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFS COFFEE FRANCHISE LLC				
(Name of the Limited I. (A I	Jability Compa Torida Limited L	ny as It now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabi. Florida document number L18000236179	lity Company	were filed on 10/0	05/2018	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company hei	ce:	
N/A				
The new name must be distinguishable and contain the words	"Limited Liabil	iny Company," the de	signation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		2019
(Principal office address MUST BE A STREET A	DDRESS)			SE E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	N/A		12 PH 3: 19
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address ber	Mice address on <u>c</u> :	our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enur Flori	da street address	
		Pater Layer		
-	****	City	, Florida	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>	Address	Type of Action
MGR	GUILLERMO BERNAL	54 W CHURCH ST STE 150	
.vic.ix	MARTINEZ		
		ORLANDO, FL 32801 US	
			□ Remove
			□ Change
*	- ·		
			□ Remove
			☐ Change
			Change
			☐Rèmove.
			C Promons
			O €bange ⊃ ि =
			ω
		******	<u>Ād</u> d ©
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
			5
		 	
			Remove
			5 6
			Change
			—
			☐ Remove
			Change

							
				 			
		·••	···-		·	<u> </u>	
, 							
					·,		
							
						<u>-</u>	
	-						
	·						
			· · · · · · · · · · · · · · · · · · ·				
						2019	
					• -	38.	
							== :
					-	P	<u> </u>
						ယ္	
						9	
Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloom outpent's effective date on the Department's effective date on the Department of the properties and the properties are the properties and the properties and the properties are the properties areal transfer are the properties are the properties are the proper	ck does not meet partment of State	the applicable's records.	e statutory tilin	g requirements, (his date wi	il not be	: listed ;
The 90th day after the reco		,		, , , , , , , , , , , , , , , , , , , ,			
September 9th	. 2	019					
	74						
	lignature of a mem	ber or authoriz	ed representative	of a member			

Page 3 of 3

Filing Fee: \$25.00