

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000253984

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CYAN CONSULTANTS INC.
Account Number : I20180000074
Phone : (321)710-2030
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: documents@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCHUNN GROUP L.L.C

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C. BRUMBLEY
DEC - 9 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHUNN GROUP L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRE SCHUNN VIANNA

Name of Person

SCHUNN GROUP L.L.C

Firm/Company

111 E MONUMENT AVE STE 401-12

Address

KISSIMMEE, FL 34741

City/State and Zip Code

documents@cyancinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRE SCHUNN VIANNA

321 710-2030
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 &
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SCHLUNN GROUP L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 DEC - 8 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 10/29/2018Florida document number L18000253984

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:**(Principal office address MUST BE A STREET ADDRESS)**111 E MONUMENT AVESUITE 401-12KISSIMMEE, FL 34741**Enter new mailing address, if applicable:****(Mailing address MAY BE A POST OFFICE BOX)**111 E MONUMENT AVESUITE 401-12KISSIMMEE, FL 34741**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**Name of New Registered Agent:New Registered Office Address:Enter Florida street addressFloridaCityZip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXANDRE SCHUNN (1)	111 E MONUMENT AVE.	<input type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(1) CHANGE BOTH THE NAME OF MGR AND HIS ADDRESS

[illegible]

(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)

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 OCTOBER 14th 2022

[Signature]

Signature of a member or authorized representative of a member

ALEXANDRE SCHUNN

Typed or printed name of signee

Filing Fee: \$25.00