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(((H19000132303 3)))



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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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JESSICA POLANCO, LLC

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4/24/2019 1:03:41 PM PAGE 1/001 Fax Server



April 24, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

JESSICA POLANCO, LLC 1731 LEATHERBACK LANE SAINT CLOUD, FL 34771US

SUBJECT: JESSICA POLANCO, LLC

REF: L19000013727

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H19000132303 Letter Number: 019A00008231

Registration Section

. . .

TO:

## **COVER LETTER**

Division of Corp	orations		
JESSICA PO SUBJECT:	DLANCO, LLC		
SCBJEC1:	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and feets) are subm	titted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	MARIA C. T. MONTOYA		
		Name of Person	
	CYAN CONSULTANTS B	NC.	
		Firm/Company	<del></del>
	8015 INTERNATIONAL D	DR. UNIT 309	
		Address	
	ORLANDO, FL 32819		
		Cicy/State and Zip Code	<del></del>
	confact@cyanchic.com		
	E-mail address: (co	be used for future annual report notifi	cation)
For further information co	incerning this matter, please cal	II:	
JESSICA POLANCO		321 443-2442	
Name of	Person	at (	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.(9) 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

To: Division of Corporations LLC Page 3 of 5

2019-04-24 17:55:01 (GMT)

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

76503216 From Cyan Consultants in
76503216 From Cyan Consultants In
19 APR 21 PM
1:50
TALLAMASSEE, FLORIDA

				SEE, FLORIDA
JESSICA POLANCO, LLC (Nume of the Limited Lia (A Flo	bility Company	as It now appears on our	records.)	
(A Flo	nda Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liability Florida document number L19000013727		vere filed on 01/11/201	9	_ and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	imited li <u>abil</u> i	ity company here:		
JESSICA POLANCO PLEC				
The new name must be distinguishable and comain the words "	Limited Liability	y Company," the designation	on "LLC" or the abbit	rviation "L.L.C."
Enter new principal offices address, if applicable:		-NO CHANGE-		
(Principal office address MUST BE A STREET AD	DRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ì	-NO CHANGE-		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered off address here	ice address on our :	records, <u>enter t</u>	ne name of the new
Name of New Registered Agent: -N	O CHANGE-			- <del> </del>
New Registered Office Address:		Enter Florida stre	et address	
			, Florida	
		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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
MGR	JESSICA POLANCO	1731 LEATHERBACK LANE	
	-	SAINT CLOUD, FL 34771	
		SAINT COOD, TE SHITT	☐ Remove
			Change
			☐ Remove
			Change
			Change  Add 224  Change  Add 7  Add 7  Add 7
			224
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			D A&T
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Renюve
			☐ Change

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ective date, if other than the effective date is listed, the date must	date of filing:		(optional)	
effective date is listed, the date muse:  Eff the date inserted in this bl	st be specific and cannot be prior took does not meet the applica-	to date of filing or more that the starotory filing requ	an 90 days after filing.) Pu airements, this date will	rsoant to 605,020 mot be listed a
ument's effective date on the D	epartment of State's records.			
ecord specifies a delayed ne 90th day after the rec	d effective date, but not	an effective time,	at 12:01 a.m. on	the earlier o
ie Julii day arter the rec	ord is med.			
ed April 22nd	2019			
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	Jugar	•		
	Signature of a member or author			

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Filing Fee: \$25.00