

9/12/2019

Division of Corporations

**L19000157884**

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@cyancinc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**FARLON ENTERPRISES LLC**

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SEP 13 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FARLON ENTERPRISES 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)

2019 SEP 12 PM 3:19

RECEIVED  
AND  
FILED

For further information concerning this matter, please call:

LILIANE LONDON FARACO

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 &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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

FARLON ENTERPRISES 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 06/14/2019 and assigned  
Florida document number L19000157884.

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:

(Principal office address MUST BE A STREET ADDRESS)

1004 PLAZA DR

SUITE 100

KISSIMMEE, FL 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

/NO CHANGE/

**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:

/NO CHANGE/

New Registered Office Address:

Enter Florida street 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, 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> /NO CHANGE/	<u>Address</u> /NO CHANGE/	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
	/NO CHANGE/	/NO CHANGE/	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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	/NO CHANGE/	/NO CHANGE/	
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**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.

Dated September 12th 2019

*Piliolus b. taraco*

Signature of a member or authorized representative of a member

LONDON FARACO, LILIANE

Typed or printed name of signee