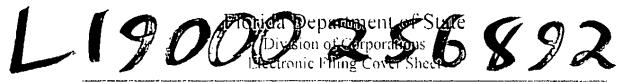
2/18/24, 12:45 PM

To

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,

(((H24000066244 3)))



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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



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Help

From Cyan Consultants Inc

COVER LETTER

TO: Registration Division of C		
	Y ENTERPRISE LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	ANDRE LUIS FERREIR.	Α
		Name of Person
	COWBOY ENTERPRISE	ELLC
		Lium Company
	6284 CASTELVEN DR U	ZNIT 107
		Address
	ORLANDO, FL 32835	
	documents/d/cyancine.com	City/State and Zip Code
		to be used for future annual report notification)
For further information	concerning this matter, please of	att:
ANDRE LUIS FERRE	TRA	407 485-5655 at () Area Code Daytine Telephone Number
Name	of Person	Area Code Daytine 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 & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From, Cyan Consultants Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COWBOY ENTERPRISE LLC			
(Name of the Limite	<u>d Liability Compa</u> A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Lie Florida document number 1.19000256892 This amendment is submitted to amend the following the following submitted to amend the following the following submitted to amend the following submitted to a submitted submitted to a submitted	·	were filed on 10/11/2019	and assigned
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	hle	6284 CASTELVEN DR UNIT 10	7
(Principal office address MUST BE A STREE)		ÖRLANDÖ, FL 32835	322
	<u>, , , , , , , , , , , , , , , , , , , </u>		AND THE
Enter new mailing address, if applicable:		6284 CASTELVEN DR UNIT 10	AHASS
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	ORLANDO, FL 32835	SES
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		name of the new registered
Name of New Registered Agent:	ANDRE LUIS FERREIRA		
New Registered Office Address:	6284 CASTEL	VEN DR UNIT 107	<u>. </u>
		Enter Florida street address	
	ORLANDO.	Florid	da <u>32835</u> Zio Code
New Registered Agent's Signature, if changing R	egistered Agent:	·v	7.4p. 1 2511
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis, being filed to merely reflect a change in the re company has been notified in writing of this c	- l agent and agr r and complete tered agent as p egistered office	performance of my duties, and i provided for in Chapter 603, F.S	l am familiar with and S. Or, if this document is
	If Chai	A QQ nging Registered Agent. Signature of N	ew 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:

14076503216

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDRE LUIS FERREIRA	6284 CASTELVEN DR UNIT 107	□Add
		ORLANDO, FL 32835	□Remove
AMBR	SONIA MARIA FERREIRA	6284 CASTELVEN DR UNIT 107	□Add
		ORLANDO, FL 32835	□Remove
			≘ Change
			
			Петюvе
			□Change
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			□Change
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Effective date, if other than the dat (If an effective date is listed, the date must be: Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date o does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to totory filing requirements, this date will not be	5 605,0207 (3)g 2 listed as the
the record specifies a delayed effective da ford is filed	te, but not an effective time, at 1	2.01 a.m. on the earlier of: (h). The 90th day	after the
Dated TEBRUARY 14TH	. 2024		
	1_02		
Sign	nature of a member or authorized rep	presentative of a member	_
ANDRE LUIS FERREIRA			
	Typed or printed name	of signee	_