10/25/23, 2:13 PM

Division of Corporations

Florida Department of State Division of Corporations Clectaraic Final Country

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I2018000074 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 SUCANDI, LLC

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To

COVER LETTER

| TO: Registration Se Division of Con | | · •• |
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| | LLC | |
| SCBJECT: | Name of Lin | ited Liability Company |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filling. |
| Division of Corporations SUCANDI LLC 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: ROBERTA PRADO KATZ Name of Person | | |
| | ROBERTA PRADO KAT | Z |
| | | Name of Person |
| | SUCANDI LLC | |
| | | |
| | H600 US HWY 27 | |
| | | Address |
| | OCALA, FL 34482 | |
| | | |
| | - | |
| For further information of | | · |
| | | |
| | | at (|
| Name o | of Person | Area Code Daytine Telephone Number |
| Enclosed is a check for the | he following amount: | |
| ■ \$25.00 Filing Fee | | Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy |
| Registration Division of C P.O. Box 632 | Section Corporations 27 | Registration Section Division of Corporations The Centre of Tallahassee |
| Tallahassee, | FL 52514 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

CUCCENTION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Con (A Florida Limite | npany as it now appears on our records, ed Liability Company) | () |
|---|---|--|
| The Articles of Organization for this Limited Liability Compa- Florida document number L19000283738 | ny were filed on 11/14/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| NO CHANGE | | |
| The new name must be distinguishable and contain the words "Limited Li- | ability Company." the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 11600 US HWY 27 | 29 |
| (Principal office address MUST BE A STREET ADDRESS) | OCALA, FL 34482 | <u> </u> |
| | | ······································ |
| Enter new mailing address, if applicable: | 11600 US HWY 27 | |
| (Mailing address MAY BE A POST OFFICE BOX) | OCALA, FL 34482 | خ ِ |
| | | 2 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: NO CHANG | | he name of the new regis |
| Name of New Registered Agent. | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | City , Flor | rida 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

To:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-----------------|----------------|
| MGR | ROBERTA PRADO PASS | 11600 US HWY 27 | □Add |
| | | OCALA, FL 34482 | ■ Remove |
| | | | ☐ Change |
| MGR | ROBERTA PRADO KATZ | 11600 US HWY 27 | ≣ Add |
| | | OCALA, FL 34482 | |
| | | | (1) Change |
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| Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep | k does not meet the applic | cable statutory filing requ | (optional) n 90 days after filing.) Pursuan irements, this date will not | n to 605.0207 be listed as |
| | date, but not an affective t | ime, at 12:01 a.m. on the | enrlier of: (b) The 90th d | ay after the |
| | anc, on nor an effective t | | | |
| e record specifies a delayed effective of is filed. OCTOBER 20th | | <u> </u> | | |
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