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From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074

: (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: contact@cyancinc.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIZZCOM SPORTS AND MARKETING LLC

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August 20, 2020

FLORIDA DEPARTMENT OF STATE

BIZZCOM SPORTS AND MARKETING LLC Division of Corporations 19650 BLACK OLIVE LN BOCA RATON, FL 33498US

SUBJECT: BIZZCOM SPORTS AND MARKETING LLC

REF: L20000156536

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 registered agent must sign accepting the designation.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: H20000285830 Letter Number: 320A00015897

COVER LETTER

	Registration Se Division of Cor			
ern me		SPORTS AND MARKETING	SLLC	
SUBJEC	·1:	Name of Lim	ited Liability Company	
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		CARLOS DE OLIVEIRA		
			Name of Person	
		BIZZCOM SPORTS AND	MARKETING LLC	
			Firm/Company	
		8570 LAKESIDE DR.		
			Address	
		PARKLAND, FL 33076		
			City/State and Zip Code	
		contact@cyancinc.com E-mail address: (to be used for future annual report not	ification)
For furth	er information e	oncerning this matter, please ea	all:	
CARLO	S DE OLIVEIR	۸	561 961-9098	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	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 S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee pe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIZZCOM SPORTS AND MARKET	ING LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny <mark>as it now appears on our re</mark> Liability Company)	cords.)		
The Articles of Organization for this Limited Liab	ality Company	were filed on06/08/2020		and assigne	:d
Florida document number L20000156536	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the wor	ds "Limited Linbi	lity Company," the designation	'LLC" or the abbrevia	ition "L.L.C."	
Enter new principal offices address, if applicab	ole:	8570 LAKESIDE DR			
(Principal office address MUST BE A STREET ADDRESS)		PARKLAND, FL 33076			
Enter new mailing address, if applicable:		8570 LAKESIDE DR		702	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		PARKLAND, FL 33076		<u> </u>	:
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office : here:	address on our records, <u>e</u>	nter the name of	the new res	gistered J
Name of New Registered Agent:	DE OLIVEIRA	A, CARLOS			
New Registered Office Address:	8570 LAKESI				
		Enter Florido street a	ddress		
	PARKLAND		, Florida <u>33076</u>		
	·	City	Z	ip Code	
New Registered Agent's Signature, if changing Re	gistered Agent;	<u>.</u>			

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:

2020-08-26 01:29:54 (GMT)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DE OLIVEIRA. CARLOS	8570 LAKESIDE DR	\ \ \ _Add
		PARKLAND, FL 33076	Remove
			■ Change
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UPDATE EIN TO: 38-415250	0			
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Effective date, if other than the defan effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be pri ck does not meet the app	licable statutory fil	(option more than 90 days after f ing requirements, this	lling.) Pursuant to 605,0207
e record specifies a delayed effective ed is filed.	date, but not an effective	rtime, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after the
Dated	2020	·		
المجانبون	' !			
	Signature of a member or au	thorized representati	ve of a member	