

11/13/23, 7:16 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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From:

Account Name : CYAN CONSULTANTS INC.  
Account Number : I20180000074  
Phone : (321)710-2030  
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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AIVITY LLC

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K. SALY

NOV 15 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AIVITY 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:

ANDRE COMITRE NETO

\_\_\_\_\_  
Name of Person

AIVITY LLC

\_\_\_\_\_  
Firm/Company

1513 SWEET APPLE ST

\_\_\_\_\_  
Address

OAKLAND, FL 34787

\_\_\_\_\_  
City/State and Zip Code

documents@cyancinc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE COMITRE NETO

407

534-4007

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 &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

AIIVITY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/24/2020 and assigned Florida document number L20000370826.

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:**

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

NO CHANGE

(Mailing address MAY BE A POST OFFICE BOX)

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARTUR ALVES GIRUNDI	RUE CASSITERITA, 1513, SANTA INES	<input type="checkbox"/> Add
		BELO HORIZONTE, MG 31080-150 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GPU LTD	RUA PIUM 1 1566 APT 701	<input type="checkbox"/> Add
		BELO HORIZONTE, MG 30310--080 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HIGOR A R FERNANDES	1513 SWEET APPLE ST	<input type="checkbox"/> Add
		OAKLAND, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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