To:

9/30/24, 10:53 PM

Florida Department of State

Division of Corporations

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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

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

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Corporate Filing Menu

Help

From: Cyan Consultants Inc

COVER LETTER

TO: Registration S Division of Co			
AFIWI LL			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	KARINA J LABARCA		
		Name of Person	
	AFIWI LLC		
		Firm/Company	
	III E MONUMENT AVE	E SUITE 401-12	
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	DOCUME NTS@CYANC		
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
KARINA J LABARCA		407 591-2540 at ()	
Name o	n' Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddres Registration		<u>StreetAddress:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of	Tallahassee oe Street, Suite 810
галанаѕсе.	1 17 3 2 3 1 14	Z+13 IN. MONE	oc outer, ound old

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFIWI LLC								
(Name of the Limi	ted Liability Comps (A Florida Limited	пу as it now appears on our re Liability Company)	cords.)					
The Articles of Organization for this Limited I. Florida document number L21000010517	iability Company	were filed on 12/31/2020		_ and a	ssigned			
This amendment is submitted to amend the following	lowing:							
A. If amending name, enter the new name of	f the limited liab	ility company here:						
NO CHANGE								
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbre	viation "	IL.C."			
Enter new principal offices address, if applic	able:	111 E MONUMENT AVE	· ·					
(Principal office address MUST BE A STREE		SUITE 401-12	· ·	r.a.				
		KISSIMMEE, FL 34741		.72	* ***			
Enter new mailing address, if applicable:		111 E MONUMENT AVE	70.00					
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 401-12	(1) (1)	<u> </u>	; 7 U			
· · · · · · · · · · · · · · · · · · ·		KISSIMMEE, FL 34741	72	7: 5				
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ss here:	LLTANTS INC	iter the name o	r the n	ew registe			
	THE MONUMENT AVE SUITE 401-12							
New Registered Office Address:	Enter Florida street address							
	KISSIMMEE		. Florida <u>34741</u>					
	City		Zip Code					
New Registered Agent's Signature, if changing	Registered Agent:							
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my duties provided for in Chapter 6	i, and I am fan 95, F.S. Or, if i	iiliar w his doo	ith and ument is			
		do		<u></u>				
	If Chai	nging Registered Agent, Signatu	ire of New Registi	ered Age	<u>nt</u>			

From: Cyan Consultants Inc.

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>	Name	Address	Type of Action
AMBR	KARINA J LABARCA	THE MONUMENT AVE	□Add
		SUITE 401-12	□Remove
		KISSIMMEE, FL 34741	■ Change
MGR	PETER D BERNARD	THE MONUMENT AVE	
		SUITE 401-12	Remove
		KISSIMMEE, FL 34741	■ Change
			□Remove
			□Change
			□Add
			Remove
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			□Remove
			□Change

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Mective date, if other than the o	late of fil	ing:					(option	al)		
f an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Dep	ek does no	ot meet the	applicab	date of filin le statutor	g or more of filing re	han 90 day quiremen	s after fil ts, this d	ing.) Pu late wil	irsuani te II not be	i 605.020° : listed as
record specifies a delayed effective d is filed	date, but r	not an effe	ctive time	e, ar 12:01	am ont	he carlier	of [.] (b)	The 96	Oth day	after the
Dated		2024								
Karina La										

Typed or printed name of signee