

Florida Department of State
Division of Corporations
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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARIA EMILIA FARIA SCHWERDT PLLC

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APR - 5 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIA EMILIA FARIA SCHWERDT PLLC

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:

MARIA EMILIA FARIA

Name of Person

MARIA EMILIA FARIA SCHWERDT PLLC

Firm/Company

11036 Silver Surfer Alley

Address

Winter Garden, FL 34787

City/State and Zip Code

contact@cyancinc.com

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

For further information concerning this matter, please call:

MARIA EMILIA FARIA

407

907-0733

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 &
Certified Copy
(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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIA EMILIA FARIA SCHWERDT PLLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/12/2021 and assigned Florida document number L21000075285.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARIA EMILIA FARIA PLLC

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:

(Principal office address MUST BE A STREET ADDRESS)

11036 Silver Surfer Alley

Winter Garden, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11036 Silver Surfer Alley

Winter Garden, FL 34787

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:

MARIA EMILIA FARIA

New Registered Office Address:

11036 Silver Surfer Alley

Enter Florida street address

Winter Garden


City

Florida 34787

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>
MGR	FARIA SCHWERDT, MARIA E.	14773 MCCLANE RD	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FARIA, MARIA EMILIA	11036 Silver Surfer Alley	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 1st, 2021



MARIA EMILIA FARIA

Typed or printed name of signee

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1. *Introduction*