

L21000457112

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

2022 NOV 18 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FL

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BCD01 LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BCD01 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:

LOPES DE OLIVEIRA JR, OLY

Name of Person

BCD01 LLC

Firm/Company

111 E MONUMENT AVE SUITE 401-12

Address

KISSIMMEE, FL 34741

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:

LOPES DE OLIVEIRA JR, OLY

at (321) 710-2030

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCD01 LLC

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

FILED
 2022 NOV 18 PM 4:32
 SECRETARY OF STATE
 TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/20/2021 and assigned
 Florida document number L21000457112.

This amendment is submitted to amend the following:

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

NO NAME 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:

(Principal office address MUST BE A STREET ADDRESS)

111 E. MONUMENT AVE

SUITE 401-12

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 E. MONUMENT AVE

SUITE 401-12

KISSIMMEE, FL 34741

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:

CYAN CONSULTANTS INC

New Registered Office Address:

111 E. MONUMENT AVE. SUITE 401-12

Enter Florida street address

KISSIMMEE

Florida 34741

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>
MGRM	LOPES DE OLIVEIRA JR, OLY	111 E. MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
MGRM	CARDOSO, CLAUDIA C	111 E. MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. 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 NOVEMBER 17th, 2022

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Signature of a member or authorized representative of a member

LOPES DE OLIVEIRA JR, OLY

Typed or printed name of signee