

1/9/24, 10:48 AM

Division of Corporations

**L220000122993779**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

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2024 JAN 10 AM 9:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UMHANA4 LLC

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JAN 10 2024

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JAN 10 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UMIANA4 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:

GUILLERMO BERNAL MARTINEZ

Name of Person

UMIANA4 LLC

Firm/Company

10033 SELTEN WAY UNIT 528

Address

ORLANDO, FL 32827

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:

GUILLERMO BERNAL MARTINEZ

at ( 407 ) 405-4415

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

UMIHANA4 LLC

(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 08/18/2022 and assigned  
Florida document number L22000363779.

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:**

10033 SELTEN WAY

**(Principal office address MUST BE A STREET ADDRESS)**

UNIT 528

ORLANDO, FL 32827

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

10033 SELTEN WAY

**(Mailing address MAY BE A POST OFFICE BOX)**

UNIT 528

ORLANDO, FL 32827

**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


34741-576

*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>
MGR	GUILLERMO B MARTINEZ	13624 BUDWORTH CIRC	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREA C BERNAL CASTELLANOS	13624 BUDWORTH CIRC	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUILLERMO B MARTINEZ	14019 NARCOOSSEE RD	<input checked="" type="checkbox"/> Add
		SUITE 115	<input type="checkbox"/> Remove
		ORLANDO, FL 32832	<input type="checkbox"/> Change
AMBR	ANDREA C BERNAL CASTELLANOS	10033 SELTEN WAY UNITY 528	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<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

