

5/9/24, 11:13 AM

Division of Corporations

L230012841

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240001687093ABC4

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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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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MACONT LLC**

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5/10/2024 3:02:57 PM PAGE 1/001 Fax Server



May 10, 2024

FLORIDA DEPARTMENT OF STATE
Division of CorporationsMACONT LLC
7859 NW 36 AVE
202
HIALEAH, FL 33018USSUBJECT: MACONT LLC
REF: L23000128841

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name on the fax audit sheet and the document number do not match the name on the document. Are filing for "MACONT LLC" or "ELOAH INVESTMENTS LLC"?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist IIFAX Aud. #: H24000168709
Letter Number: 524A00010315

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACONT 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:

JESUS ARTURO MARINO GUZMAN

Name of Person

MACONT LLC

Firm/Company

356 WINTER NELLIS CIRCLE

Address

WINTER GARDEN, 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:

JESUS A MARINO GUSMAN

at (808)

631-6570

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

MACONT 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 03/13/2023 and assigned
Florida document number L23000128841.

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 "LLC."

Enter new principal offices address, if applicable:

1802 N ALAFAYA TRAIL

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32826

Enter new mailing address, if applicable:

356 WINTER NELLIS CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

Florida

City

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

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 TALLAHASSEE, FL
 Zip Code

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	ARAST HOLDING GROUP LLC	32 N GOULD ST	<input type="checkbox"/> Add
		SHERIDAN, WY 82081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASTRID A CONTRERAS	356 WINTER NELLIS CIRCLE	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS A MARINO GUSMAN	356 WINTER NELLIS CIRCLE	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<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"/> Change

