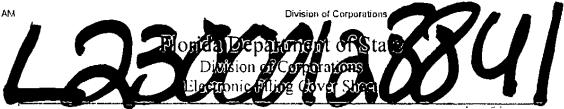
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(((H24000168709 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074 Phone : (321)710-2030 : (407)650-3216 Fax Number

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May 10, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MACONT LLC 7859 NW 36 AVE 202 HIALEAH, FL 33018US

SUBJECT: 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 II FAX Aud. #: H24000168709 Letter Number: 524A00010315

COVER LETTER

	istration Sec ision of Corp				
CUB IPOT.	MACONT	LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence 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 3	4787		
			City/State and Zip Code	_	
		DOCUMENTS@CYANCE	NC.COM to be used for future annual report notification)	_	
For further in	nformation co	oncerning this matter, please ca	·		
JESUS A MARINO GUSMAN		SMAN	808 631-6570		
	Name of	l Person	at () Area Code Daytime Telephone Nun	aber	
Enclosed is a	check for th	e following amount:			
■ \$ 25.00 F	filing F c e	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)	
Reg	ilingAddress gistration S	Section	StreetAddress: Registration Section		
	vision of Co	orporations	Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACONT LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited L. Florida document number <u>L23000128841</u>	iability Company	were filed on 03/13/2023	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NO CHANGE				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		1802 N ALAFAYA TRAIL		
		ORLANDO, FL 32826		
		address on our records, enter the name of the new registre		
Name of New Registered Agent:	NO CHANGE		1 m	
New Registered Office Address:		Enter Florida street uddress	SO P I	
		Florida	Tr de 2	
New Registered Agent's Signature, if changing	Registered Agent:		- F - 6	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi	er and complete	performance of my duties, and I d	am familiar with and	

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ARAST HOLDING GROUP LLC	32 N GOULD ST	□ Add
		SHERIDAN, WY 82081	■Remove
			□Change
MGR	ASTRID A CONTRERAS	356 WINTER NELLIS CIRCLE	≣ Add
		WINTER GARDEN, FL 34787	
			□Change
MGR	JESUS A MARINO GUSMAN	356 WINTER NELLIS CIRCLE	🗆 Add
		WINTER GARDEN, FL 34787	
			■ Change
			□ Add
			□Remove
			□Change
			🗀 Add
			🗆 Remove
			Change
			
			□Remove
			□ Change

Signature of a member or authorized representative of a member

Typed or printed name of signee

JESUS ARTURO MARINO GUZMAN

2024-05-20 21:01:58 GMT

14076503216

From: Cyan Consultants Inc

To:

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