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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : [20180000074 Phone : (321)710-2030 Fax Number : (407)650-3216

Rer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYSTIC LANDS JOURNEY LLC

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Registration Section

To:

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COVER LETTER

Division of Cor	porations			
MYSTIC I	ANDS JOURNEY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
MYSTIC LANDS JOURNEY LLC Name of Limite The enclosed Articles of Amendment and fee(s) are submed as a return all correspondence concerning this matter to a NCIZAR ALZATE MYSTIC LANDS JOURNE ANCIZAR ALZATE MYSTIC LANDS JOURNE LONGWOOD, FL 32750 US DOCUMENTS@CYANCING E-mail address: to Tor further information concerning this matter, please call and ANCIZAR ALZATE Name of Person Inclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section	inca Elacinty Conquiny			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
·	•			
	ANCIZAR ALZATE			
		Name of Person		
	MYSTIC LANDS JOURN	SEVILC		
	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: ANCIZAR ALZATE Name of Person			
	enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: ANCIZAR ALZATE Name of Person MYSTIC LANDS JOURNEY LLC Firm/Company 318 ALBAVILLE LN Address LONGWOOD, FL 32750 UN City/State and Zip Code DOCUMENTS@CYANCINC.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: CIZAR ALZATE Name of Person Area Code Daytime Telephone Number LOSEd is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			
	318 ALBAVILLE LN			
		Address		
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: ANCIZAR ALZATE Name of Person MYSTIC LANDS JOURNEY LLC Firm/Company 318 ALBAVILLE LN Address LONGWOOD, FL 32750 UN City/State and Zip Code DOCUMENTS@CYANCINC.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: NNCIZAR ALZATE Name of Person Area Code Daytime Telephone Number nclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
Address LONGWOOD, FL 32750 UN 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: ANCIZAR ALZATE 407 590-9561				
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	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
ANCIZAR ALZATE		407 590-9561		
	Name of Li of Amendment and fee(s) are su spondence concerning this matter ANCIZAR ALZATE MYSTIC LANDS JOUR 318 ALBAVILLE LN LONGWOOD, FL 32750 DOCUMENTS@CYANC E-mail address: In concerning this matter, please of Person or the following amount: S30.00 Filing Fee & Certificate of Status		ne Telenhone Number	
Tillik 5				
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
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Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, I		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

Ta:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liability Company Electron and assign Electron to the Limited Liability Company were filed on Liability Company here: NO CHANGE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or LLC" or the abbreviation "LLC" or the abbreviation or LLC "Or the abbreviation or LLC" or the abbreviation or LLC "Or the abbreviation or LLC" or the abbreviation or LLC "Or the abbreviation or LLC" or the abbreviation or LLC "Or the abbreviation or LLC" or the abbreviation or LLC "Or the abbreviat	
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 "LL Enter new principal offices address. If applicable: NO CHANGE NO CHANGE	
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Name of New Registered Agent: New Registered Office Address: CYAN CONSULTANTS INC	·
Enter Florida street address	registere
Enter Florida street address	
KISSIMMEE Florida 34741-5762	
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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.	r and nent is
If Changing Registered Agent, Signature of New Registered Agent	

2024-12-10 02:38:29 GMT

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>	Type of Action
MGR	MARILIN ALVAREZ	318 ALBAVILLE LN	□Add
		LONGWOOD, FL 32750	■Remove
			□Change
AMBR	JOSE DAVID A VILLALOBOS	800 MTS EN DE LA REPRESA DE COOPELESCA	A ≣Add
		DULCE NOMBRE – CD QUESADA, 21001	□Remove
		COSTA RICA	□Change
AMBR	LEONARD J CAMBRONERO	800 MTS EN DE LA REPRESA DE COOPELESCA	A ≣Add
		DULCE NOMBRE - CD QUESADA, 21001	□Remove
		COSTA RICA	□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

ffective date, if other than the date of filing: (optional)						- 11				
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