

5/9/24, 11:04 AM

Division of Corporations

L24000192449

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.****

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2024 MAY -9 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 MAY -9 AM 11:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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Corporate Filing Menu
K. SALY

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MAY 10 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJMOR 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:

MARIA MORAN
Name of Person
MJMOR LLC
Firm/Company
10151 UNIVERSITY BLVD PMB SUITE 125
Address
ORLANDO, FL 34746
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:

MARIA MORAN 561 460-2887
Name of Person at (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)

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
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

MMOR LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/24/2024 and assigned
Florida document number L24000192449.

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:

NO CHANGE

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

Enter new mailing address, if applicable:

NO CHANGE

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

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

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>
AMBR	ESTEBAN ORLANDO ASECIO	10151 UNIVERSITY BLVD PMB	<input type="checkbox"/> Add
		SUITE 125	<input type="checkbox"/> Remove
		ORLANDO, FL 34746	<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"/> Remove
			<input type="checkbox"/> Change

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

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FLORIDA
SECRETARY OF STATE

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 MAY 6th 2024 .

Signature of a member or authorized representative of a member

MARIA MORAN

Typed or printed name of signee