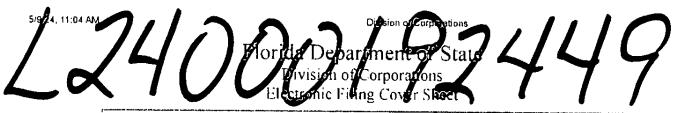
2024-05-09 15:10:03 GMT

14076503216

From: Cyan Consultants Inc.



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000168694 3)))



1240001686943ABC7

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

REPART OF MILESS
DEPARTMENT OF STATES
DIVISION OF CORPORATION

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

Certificate of Status	0
Certified Copy	U
Page Count	05
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Biling Menu

Help

MAY 1 0 2024

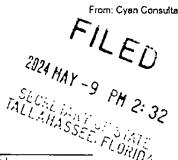
## **COVER LETTER**

TO: Registration So Division of Con			
MJMOR L SUBJECT:			
SUBJECT:		nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA MORAN		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MIMOR LLC		
		Firm/Company	
	10151 UNIVERSITY BL	VD PMB SUITE 125	
		Address	
	ORLANDO, FL 34746		
	DOCUMENTO COM NO	City/State and Zip Code	
	DOCUMENTS@CYANCI	NC.COM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	·	
MARIA MORAN		561 460-2887	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	StreetAddress: Registration Sec Division of Cor The Centre of T	porations
i ananassee, i	:. VAUIT	Tallahassee, FL	

To:

#### From: Cyan Consultants Inc.

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



MJMOR LLC			こう たんがき
(Name of the Limit	d Liability Compa A Florida Limited I	ny as it now appears on our records.) inbility Company)	FLORIDA
The Articles of Organization for this Limited Li.	ability Company	were filed on _04/24/2024	and assigned
Florida document numberL24000192449	·		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
NO CHANGE			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	NO CHANGE	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		NO CHANGE	
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:		ddress on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:			
		Enter Florida street address	
		Florid	n
		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:

2024-05-09 15:10:03 GMT

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	ESTEBAN ORLANDO ASENCIO	10151 UNIVERSITY BLVD PMB	□ Add
		SUITE 125	
		ORLANDO, FL 34746	■ Change
<u>_</u>		<del></del>	
			□ Add    Change PH 2: 32   □ Remove
			Ordal C
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
<del></del>			
			□ Remove
			Change
<del></del>		<del></del>	□Ađđ
			□Remove
			□ Change

			<del></del>	<del></del>
				<del></del>
<del>.</del>				
Effective date, if other than the affective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	the specific and earmot be pock does not meet the apportment of State's reco	rior to date of filing or t plicable statutory fili rds.	nore than 90 days after filir	ng.) Pursuant to 605.0207 (3 ate will not be listed as th
e record specifies a delayed effective			THE CENTRE OF THE	