

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.

(((H24000190598 3)))



H240001905983ABC5

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

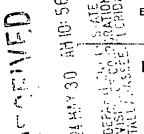
From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I2018000074 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



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLA CAMP USA LLC

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

Electronic Filing Menu

Corporate Filing Menu

Heip

K. SALY

MAY 5 0 2024

Registration Section

To:

TO:

COVER LETTER

Division of Cor	porations		
	P USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRUNO LINS GORODIC	CIIT	
		Name of Person	
	FLA CAMP USA LLC		
		Firm/Company	
	HI E MONUMENT AVE	E SUITE 401-12	
		Address	<u> </u>
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	DOCUMENTS@CYANCI		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
BRUNO LINS GOROD	ICHT	312 710-2030	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17	StreetAddress: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassec, Fl.	porations Fallahassee e Street, Suite 810

To:

The Articles of Organization for this Limited Liability Company were filed on $\frac{05/01/2024}{1}$

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



____ and assigned

FLA CAMP USA LLC

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

Florida document numberL24000203532	<u> </u>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :
NO CHANGE			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		111 E MONUMENT AVE	
(Principal office address MUST BE A STREET	TADDRESS)	SUITE 401-12	
		KISSIMMEE, F	L 34741
Enter new mailing address, if applicable:		111 E MONUMENT AVE	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 401-12	
		KISSIMMEE, FL 34741	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			cords, enter the name of the new registered
New Registered Office Address:	111 E MONUM	IENT AVE SUITE	401-12
The registred strike reasons.	Enter Florida street address		
	KISSIMMEE		. Florida 34741 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	er and complete tered agent as p registered office	performance of s provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or. if this document is

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>	Address	Type of Action
AMBR	CARLOS ALMEIDA	255 S ORANGE AVENUE SUITE 104 PMB 2155	□Add
		ORLANDO, FL 32801	≡ Remove
			□Change
AMBR	BLG AMERICAN CONSULTING	III E MONUMENT AVE	□Add
		SUITE 401-12	≣Remove
		KISSIMMEE, FL 34741	Change
MGR	BRUNO LINS GORODICHT	THE MONUMENT AVE	= Add
		SUITE 401-12	□Remove
		KISSIMMEE, FL 34741	□Change
			TALCAL HAYBE
			SSEE!
			T: 52
			🗆 Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

From: Cyan Consultants Inc

		ENA HAY 30
		字: · · · · · · · · · · · · · · · · · · ·
	<u> </u>	TAHASE TO SEE THE SEE
	.	A. 1
		FLORITE SZ
		2
		
		
	st be specific and cannot be prior to date of filing o lock does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3 iling requirements, this date will not be listed as th
ne record specifies a delayed effecti ord is filed.	re date, but not an effective time, at 12:01 a.i	m on the earlier of: (h) The 90th day after the
Dated MAY 22nd	2024	
Bungler	2 - 1-2	
	Signature of a member or authorized representat	tive of a member