# Woriga/Department of State Division of State Division of State Division of State Surporations Electronic Filing Coversheet

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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

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CFS SANFORD LLC

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Electronic Filing Menu

Corporate Filing Menu K. SALY

Help

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Tallahassee, FL 32314

From: Cyan Consultants Inc.

### **COVER LETTER**

| Division of Corp                 |  |  |  |
|----------------------------------|--|--|--|
| CFS SANFO                        |  |  |  |
| SUBJECT:                         | Name of Lim                                  | ited Liability Company   |  |
|                                  |  |  |  |
| The enclosed Articles of A       | Amendment and fee(s) are sub                 | mitted for filing.   |  |
| Please return all correspor      | ndence concerning this matter                | to the following:  |  |
|                                  | PAOLA BORNACELLI                             |  |  |
|                                  |  | Name of Person   |  |
|                                  | CFS SANFORD LLC                              |  |  |
|                                  |  | Firm/Company   |  |
|                                  | 160 W LAKE MARY BL                           | VD   |  |
|                                  |  | Address  |  |
|                                  | SANFORD, FL 32773                            |  |  |
|                                  |  | City/State and Zip Code  | <u></u>  |
|                                  | DOCUMENTS@CYANCI                             |  |  |
|                                  |  | to be used for future annual report not                          | meatur)  |
| For further information co       | oncerning this matter, please c              | all:   |  |
| PAOLA BORNACUELI                 |  | 407 757-9510<br>at()   |  |
| Name of                          | Person                                       | at () Area Code Daytin   | ne Telephone Number  |
| Enclosed is a check for the      | e following amount:                          |  |  |
| <b>■</b> \$25.00 Filing Fee      | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy (additional copy is enclosed)</li> </ul> |
| Mailing Address                  |  | <u>StreetAddress:</u><br>Registration Se                         | ection   |
| Registration S<br>Division of Co |  | Division of Co   |  |
| P.O. Box 6327                    |  | The Centre of "  |  |

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

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CFS SANFORD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number \_\_\_\_L24000238525 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NO CHANGE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NO CHANGE Enter new mailing address, if applicable: (Muiling 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: NO CHANGE Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_. Florida \_\_\_ City

### 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

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 2024-07-09 01:16:00 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> | Address              | Type of Action |
|--------------|-------------|----------------------|----------------|
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|              |             | SANFORD, FL 32773    | □Remove        |
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| ne record specifies a delayed effect<br>ord is filed   | ve date, but not an c                          | effective time, at                       | (12:01 a.m. on the      | carlier of (b)  | The 90th day after            | the                  |
| Dated HULY 3rd   |  | 024                                      |                         |   |                               |                      |
|  | <b>)</b>                                       |  |                         |   |                               |                      |
| AND  | Signature of a mem                             |  |                         |   |                               |                      |