To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : 120180000074

: (321)710-2030

: (407)650-3216 Fax Number

\*\*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 TO MAGIC LLC

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

M. SOLOMON

JUL - 3 2024

## **COVER LETTER**

| TO:      | Registration Sec<br>Division of Corp |  |   |                                       |  |  |       |
|----------|--------------------------------------|--|---|---------------------------------------|--|--|-------|
| SUBJE(   | TO MAGIC                             | LLC  |   |                                       |  |  |       |
| SUBJE    | V. 1 :                               | Name of Limit                                | ed Liability Company  | -                                     |  |  |       |
| The enc  | losed Articles of a                  | Amendment and fee(s) are subm                | nitted for filing.  |                                       |  |  |       |
| Please r | eturn all correspor                  | ndence concerning this matter to             | o the following:  |                                       |  |  |       |
|          |                                      | MARCELA ALEJANDRA                            | GANADER   |                                       |  |  |       |
|          |                                      | <del></del>                                  | Name of Person  |                                       | _  |  |       |
|          |                                      | TO MAGIC LLC                                 |   |                                       |  |  |       |
|          |                                      |  | Firm/Company  |                                       |  |  |       |
|          |                                      | 111 E MONUMENT AVE                           | SUITE 401-12  |                                       |  | ·-· •                                  |       |
|          |                                      |  | Address   | · · · · · · · · · · · · · · · · · · · | > (0   | SEC<br>All                             |       |
|          |                                      | KISSIMMEE, FL 34741                          |   | _                                     |  | 2024 JUL -3<br>SECRETARN<br>TALL AHASS | FILED |
|          |                                      |  | City/State and Zip Code   |                                       |  | -3 P<br>SSEE.                          |       |
|          |                                      | DOCUMENTS@CYANCE                             | C.COM o be used for future annua                                | Learnest positionsion)                | <del></del>  | P <b>A</b>                             | 1     |
| For fur  | ther information c                   | oncerning this matter, please ca             |   | n rejear nomiceación                  |  | PK I2: 32<br>OF STATE<br>ELECTION      |       |
| MARC     | TELA ALEJANDI                        | RA GANADER                                   | 321 7   | 10-2030                               |  | - 10                                   |       |
|          | Name o                               | f Person                                     | Area Code   | Daytime Feleph                        | ione Number  |  |       |
| Enclose  | ed is a check for th                 | ne following amount:                         |   |                                       |  |  |       |
| ≣ \$2    | 5.00 Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is a |                                       | 560.00 Filing Fo<br>Certificate of St<br>Certified Copy<br>radditional copy is | tatus &                                |       |
|          | MailingAddres Registration           |  |   | Address:<br>tration Section           |  |  |       |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TO MAGIC LLC  | ted Liability Compa  | ny as it now appears on our recu                         | iris.)   |  |
|---|--|--|--|--|
| ( Name of the Parish  | (A Florida Limited I                                       | ny as it now appears on our rect<br>hability Company)    | (Mass)   |  |
| The Articles of Organization for this Limited L   | iability Company   | were filed on06/25/2024                                  | andassigned  |  |
| Florida document number L24000285639  | ·  |  |  |  |
| This amendment is submitted to amend the following  | owing:   |  |  |  |
| A. If amending name, enter the new name o   | f the limited liab   | ility company here:                                      |  |  |
| NO CHANGE   |  |  |  |  |
| The new name must be distinguishable and contain the v  | vords "Limited Liabi                                       | lity Company," the designation "L                        | LC" or the abbreviation "L.L.C."                           |  |
| Enter new principal offices address, if applicable:   |  | NO CHANGE  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  | <b>202</b>   |  |
|   |  |  | 3×22 <b>(=</b>   |  |
|   |  |  | IAS L  |  |
| Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)  |  | NO CHANGE  |  |  |
|   |  |  | — ે" <b>ાં</b> •   |  |
|   |  |  | 51A<br>LOR   |  |
|   |  |  | DE S   |  |
| B. If amending the registered agent and/or ragent and/or the new registered office addre  | •  | address on our records, <u>ent</u>                       | er the name of the new registered                          |  |
| 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 l   | Registered Agent:  |  |  |  |
| I hereby accept the appointment as registere<br>provisions of all statutes relative to the prop<br>accept the obligations of my position as regi<br>being filed to merely reflect a change in the<br>company has been notified in writing of this | er and complete<br>istered agent as p<br>registered office | performance of my duties,<br>provided for in Chapter 60, | and I am familiar with and 5. F.S. Or, if this document is |  |
|   | If Char  | nging Registered Agent, Signatur                         | e of New Registered Avent                                  |  |

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

14076503216

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name              | Address             | Type of Action  |
|--------------|-------------------|---------------------|---|
| MGR          | MARCELA A GANADER | THE MONUMENT AVE    | ■Add  |
|              |                   | SUITE 401-12        | □Remove   |
|              |                   | KISSIMMEE, FL 37471 | □ Change  |
|              |                   |                     | □Add  |
|              |                   |                     | □Remove   |
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|  |  | OF STATE<br>E.FLORIO  |
|  | · -  | 1ATE<br>0RHO  |
| Mective date, if other than the an effective date is listed, the date muliote: If the date inserted in this becoment's effective date on the L | st be specific and cannot be prior to date of filing o<br>lock does not meet the applicable statutory fi | (optional) r more than 90 days after filing.) Pursuant to 605.0207 (3) lling requirements, this date will not be listed as the  |
| record specifies a delayed effecti<br>Listified.   | re date, but not an effective time, at 42:01 a r   | m on the earlier of: (b) The 90th day after the   |
| JUNE 28th<br>ated  | 2024   |   |
| aleci  | ··   |   |
|  | Signature of a member or authorized representat  |   |