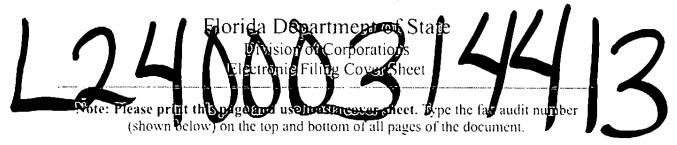
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Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074 : (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 FLB SANTA ROSA, LLC

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M. SOLOMON

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## **COVER LETTER**

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CUDINGT		TA ROSA, LLC		
SUBJECT:	:	Name of Lin	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ondence concerning this matter	-	
		JOSE L GONZALEZ UR	RUTIA	
		<u>-</u>	Name of Person	<del></del>
		FLB SANTA ROSA, LLC		
			Firm/Company	
		7808 FREESTYLE LN		∴ 20
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ror turiner	intormation c	oncerning this matter, please of	111:	Er Or
JOSE L GO	ONZALEZ UI	RRUTIA	850 842-1098 at ( )	
	Name o	l'Person	Area Code Daytime Telephone No	umber
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy titional copy is enclosed)
Re	ailing Addres	Section	Street Address: Registration Section	
	vision of C D. Box 632	orporations 7	Division of Corporations The Centre of Tallahassee	
	Hahassee, F		2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

## To: , '\_ Page: 4 of 6 2024-10-22 18:35:53 GMT 14076503216 APTICLES OF AMENDMENT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLB SANTA ROSA, LLC					
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) .iability Company)			
Florida document number <u>L24000314413</u> This amendment is submitted to amend the follow	 ring:		and assigned		
NO CHANGE					
Name of the Limited Liability Company were filed on   07/15/2024   and assigned for ida document number   L24000314413					
		WINTER GARDEN, FL 34787			
Trincipal office maires, proof 1917 1071 (212)	<u>, (1010, 110, 100, 100, 100, 100, 100, 1</u>		2		
Enter new mailing address, if applicable:		111 E MONUMENT AVE	To F		
*	2X)	SUITE 401-12	<u> </u>		
	<u> </u>	KISSIMMEE, FL 34741			
agent and/or the new registered office address	here:		name of the new registered		
New Registered Office Address:	111 E MONUM		*****		
	KISSIMMEE		, Florida 34741-5762		
Non-Bonistarad Agent's Signature if changing Da	iistarad Agant:	Cuj	εφ σα		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agro and complete cred agent as p gistered office ange.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is se limited liability		

From: Cyan Consultants Inc

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
MGR	JOSE L GONZALEZ URRUTIA	7808 FREESTYLE LN	🖸 Add
		WINTER GARDEN FL 34787	□Remove
			<b>■</b> Change
MGR	VALENTINA GONZALEZ	7808 FREESTYLE LN	□Add
		WINTER GARDEN FL 34787	□ Remove
			202 <u>4</u> 0CT
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Effective date, if other than the d	ate of filing:	201	(opt	ional)		5 03 03 ·
If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the app	licable statutory fi				
e record specifies a delayed effective order is filed.	late, but not an effective	time, at 12.01 a.n	n, on the earlier of: (	b) The 90tl	i day afte	er the
OCTOBER 16th	2024					
	gnature of a member or au					

. In. -0700067-4005060366000007007404057400

Typed or printed name of signee