L19000152223

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COVER LETTER

CUDIFOT.	_	Cyber Security, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Amanda Phillips		
			Name of Person	
			Firm/Company	
		3225 McLeod Drive, Suite	100	_
		·	Address	
		Las Vegas, Nevada 89121		
	•		City/State and Zip Code	
-		ra@andersonadvisors.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	ıll:	
Amanda Ph	illips		800 706-4741	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200

Everglades Cyber Security, LLC			2020 AFD 2
(Name of the Limited (A	Liability Company Florida Limited Lia	y as it now appears on our reability Company)	ecords.) 1:54
The Articles of Organization for this Limited Lial	bility Company v	vere filed on	and assigned
Florida document number L19000152223			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
Everglades 2020, LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/o			cords, enter the name of the
registered agent and/or the new registered offi	ce address nere:	:	
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
		Enter Florida street d	address
			_, Florida
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Osvaldo Hilde	3225 McLeod Drive, Suite 100	
		Las Vegas, Nevada 89121	Remove
			Change
MGR	Carol Magnoli	3225 McLeod Drive, Suite 100	
		Las Vegas, Nevada 89121	Remove
			☐ Change
•			Remove
-			Change
			Remove
			☐ Change
			Add
		 	☐ Remove
			☐ Change
			Remove
			Change

	and the second s
<u>Note</u>	effective date, if other than the date of filing:
ne re Th	ecord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of equation $= 90$ and $= 12.01$ a.m. on the earlier of $= 12.01$
Date	d <u>04/21/2020</u>
J., (C)	Omanda Phillips
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00