Division of Corporations Electronic Filing Cover Sheet

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.

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	Doing so wil	l generate another cover shee	 _ {\$¢
To:			
	Division of Cor		\sim
	Fax Number	: (850)617-6383	<u> </u>
From:			9
		: REGISTERED AGENTS INC	<u></u>
	Account Number	: 120090000081	7
	Phone	: (307)200-2803	
	Fax Number	: (855)330-1010	

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GET THERE DRIVERS TRAINING, L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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

GET THERE DRIVERS TRAINING, L.L.C

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

The Articles of Organization for this Limited Liability Company w	vere filed on 11/04/21	and as ned z
L 21000477921		
Florida document number L21000477831		6 9 2 1
This amendment is submitted to amend the following:		ECHLIARY I SION OF COR
A. If amending name, enter the new name of the limited liabil	ity company here:	AM IO
Break Point Cyber Solutions, LLC		· ====================================
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	e abbreviation "LL.C."=
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	Zip Code
Now 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	st be specific and o ock does not me	cannot be prior to eet the applicab	date of filing of mor	(opti re than 90 days afte requirements, thi	r ming.) rursuancio ex	05.020 sted a:
record specifies a delayed effective is filed.	re date, but not a	an effective tim	2, at 12:01 a.m. oi	the earlier of: (t	n) The 90th day aft	er the
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Filing Fee: \$25.00