

L77 000258278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

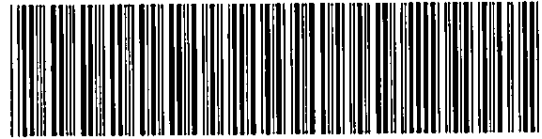
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

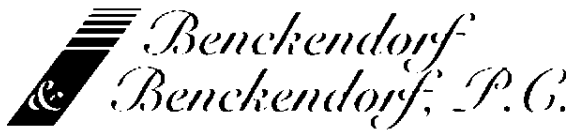
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2022 FEB 27 PM 1:35
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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R. HUNT
02/27/23



Attorneys at Law

101 N.E. Randolph Ave. • Peoria, IL 61606 • 309-673-0797 • Fax: 309-673-8759

100 N. Main St. • Morton, IL 61550 • 309-266-6121 • Fax: 309-266-8759

James W. Benckendorf
Lynne M. Binkle
Chuck Weaver

Alex E. Davis

Emily D. Crutchfield

Noah W. Benckendorf

Glenn E. Benckendorf (1929-2020)

David A. Benckendorf, Retired

Sender's email: kelly.holliger@benckendorf.com

February 22, 2023

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

Re: Cypherlink Technologies, LLC
File No. L22000258278

FILED
FEB 23 2023 PM 1:35
TALLAHASSEE, FL

Dear Sir or Madam:

Enclosed please find Articles of Amendment, in duplicate, for the above-referenced LLC, along with our firm check in the amount of \$25.00 for the filing fee. Please file and return the file-stamped copy to our office in the enclosed envelope. Should you have any questions, please contact me at your convenience. Thank you for your assistance with this matter.

Sincerely,

Kelly M. Holliger

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypher Link Technologies, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Holliger

Name of Person

Benckendorf & Benckendorf, P.C.

Firm/Company

101 NE Randolph Avenue

Address

Peoria, IL 61606

City/State and Zip Code

kelly.holliger@benckendorf.com

E-mail address: (to be used for future annual report notification)

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STATE
SEP 27 PM 1:35
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kelly Holliger

309 673-0797

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

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STATE OF FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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MAR 21 PM 1:35
CLERK OF DISTRICT COURT
JANUARY 1961

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 3, 2023

Sara Alarcon, ex member
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lara M. Aaron, Manager

Typed or printed name of signee

Filing Fee: \$25.00