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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT:APPLIED CYBER DYNAMICS, LLC						
SOURCE.		ited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all corresp	condence concerning this matter	to the following:				
w		ILLIAM S. DISMUKES				
		Name of Person				
APPLIED CYBER DYNAMICS, LLC						
		Firm/Company				
12459 PLEASANT GREEN WAY						
Address						
	ВОҮ	NTON BEACH, FL 33437				
		City/State and Zip Code				
	E-mail address: (	lismukes@acdyn.com to be used for future annual report notification)				
For further information concerning this matter, please call:						
WILLI	AM S. DISMUKES	at ( 561 ) 543-4150				
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	S55.00 Filing Fee & Scrifficate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
MAI	LING ADDRESS:	STREET/COURIER ADDRESS:				
Regis	stration Section	Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Talla	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## APPLIED CYBER DYNAMICS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 4/11/2001 The Articles of Organization for this Limited Liability Company were filed on and assigned L01000005674 Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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 compa the provisions of all statutes relative to the proper and complete performance of my duties, and I am william it had accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if the document is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limit libility

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGRM	WILLIAM S. DISMUK	ES 12459 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437	✓ Add  Remove
MGR_	WILLIAM S. DISMUK	ES 12459 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437	Add  Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
			AddRemove
		nter change(s) here: (Attach additional sheets, if neces: E MANAGED BY MEMBERS.	sary.) 
Dated	JULY 14		SECRET
	Signature	of a member or authorized representative of a member	SSE 77 64
		WILLIAM S. DISMUKES	
		Typed or printed name of signee Page 2 of 2	D IZ: 01 STATE LORID
•		Filing Fee: \$25.00	<b>∑</b> ™ —