## L05000046373

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
CYBERWI SUBJECT:	EBNET LLC		
<u> </u>	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
	ALLDARON KNEWITZ		
		Name of Person	
		Firm/Company	
	334 EAST LAKE RD #18	36	
		Address	~
	PALM HARBOR FL 340	685	70?2 [
		City/State and Zip Code	- PO
	E-mail address:	to be used for future annual report not	
For further information co	ncerning this matter, please of	all:	
ELSA KNEWITZ		760 505-9498	IN C
Name of	Person		ne Telephone Number
Enclosed is a check for the	e 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 So		Street Address: Registration Se	ction
Division of Corporations		Division of Cor	rporations
P.O. Box 6327 Tallahassee, Fl		The Centre of 1 2415 N. Monro	Fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYBERWEBNET, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited Liability Company were filed	on 05/10/2005 and assign	ned
florida document number L05000046373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
SWISSPL, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company	," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)		
	2 <u>.</u> 2	C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	S	L.C."
Manual and ess NEXT BETTY OBT OF FIELD 12019		
		•
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new r	egi:
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
En	ter Florida street 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 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
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mending any other information, e	nter change(s) here:	(Allach adaillonaí sh	eis, ij necessary.)	
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ective date, if other than the date of effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior to es not meet the applicable	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursu ements, this date will n	ant to 605.0 ot be listed
cord specifies a delayed effective date, is filed.	but not an effective time	e, at 12:01 a.m. on the e	arlier of: (b) The 90th	day after t
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Signatu	re of a member or authors	ded representative of a me	nber	
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