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EXAMINER		
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# **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		
SUBJECT: Cyberty	/me #1, LLC (Name of Lim	ited Liability Company)	<u>_</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laurie M. Lee, Esq	(Name of Person)	7009 # T
	Mathis & Murphy, P.A.	(Name of Person)	7009 MAR -4 PH 3: 13 SECKETARY OF STATE TALLAMASSEE FLORID
		(Firm/Company)	Fig. 3
	50 North Laura St., Ste 1		<u> </u>
		(Address)	<b>300 20</b>
	Jacksonville, FL 32202		
		(City/State and Zip Code)	
For further information c	concerning this matter, please c	all:	
Laurie M. Lee, Esq		at ( 904 ) 356-4500	
(Name	of Person)	(Area Code & Daytime 1	Felephone Number)
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fec	\$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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cybertyme #1, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/09/2007	and assigned
Florida document number L07000026703	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Seaside Internet - Marion, LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2009 MA SECINE TALLIAH
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addr  Name of New Registered Agent:		er the name of the new
New Registered Office Address:		
New Registered Office Address.	(Enter Florida stree	t 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 608, 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 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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
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			Add Remove
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			Service Addition of the Part of the Remove 13
•			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary	.) 
			<del></del>
<del></del>			<del></del>
Dated Febru	Judie	See or authorized representative of a member	
	Laurie M. Lee, Esq		
	Турс	ed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00