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SECRETARY OF STATE
ALLAHASSEE. FLORID

J. BRYAN

SEP - 3 2009

EXAMINER

COVER LETTER

TÔ: Registration S Division of Co				
SUBJECT:	Cyber Sol	utions USA, LLC		
	Name of Lim	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		William Moffatt		
		Name of Person		7AS 99
Cyt		per Solutions USA, LLC		SEP-2 PH 1:35
		Firm/Company		ASS. 2
	13750 W	Colonial Drive Suite 350-	.252	P-2 PH
	10700 **	Address	202	78 -
				器 35
	Wi	nter Garden, FL 34787		200
		City/State and Zip Code		
	F-mail addrace: 7	Forms@remailed.ws to be used for future annual report no	titiontion	
	·	•	incation)	
For further information	concerning this matter, please of	call:		
W	/illiam Moffatt	at (206)	984-7838	
Name	of Person		me 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)	ed) Certified	e of Status &
	LING ADDRESS: tration Section	STREET/COUI Registration Sect	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Cyber Solutions USA, LLC.

(Name of the	ne Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.	70 -
	(A Florida Limited Liability Company	у)	निसं ५३
The Articles of Organization for this	Limited Liability Company were filed on _	03/26/2008	and assigned
Florida document numberL0	8000030880		
This amendment is submitted to amen	nd the following:		
A. If amending name, enter the ne	w name of the limited liability company	<u>here</u> :	
The new name must be distinguishable a "L.L.C."	and end with the words "Limited Liability Cor	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address	, if applicable:		
(Principal office address MUST BE	A STREET ADDRESS)		
			
Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
B. If amending the registered ag registered agent and/or the new reg	gent and/or registered office address of istered office address here:	n our records, <u>enter t</u>	he name of the new
Name of New Registered A	gent:		
New Registered Office Add		Enter Florida street add	ress
	City	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> Sanford Krasny **MGRM** 10696 W Sample Road **✓** Add Coral Springs, Fl. 33065 Remove Clifford Deville MGR 1564 W Argyle Drive ✓ Add Remove Fort Lauderdale, FL 33312 ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member WILLIAM MOFFATT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00