

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L100000410149**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000411302 3)))



H230004113023ABCQ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CYMA CONSULTANTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 04 2023  
K. Brumbley

## COVER LETTER

H23000411302

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CYMA Consultants, 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:

Julie Garant

\_\_\_\_\_  
Name of Person

Norda Stelo Inc.

\_\_\_\_\_  
Firm/Company

380-2925 Virtual Way

\_\_\_\_\_  
Address

British Columbia, Canada V5M 4X5

\_\_\_\_\_  
City/State and Zip Code

Julie.Garant@norda.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

H23000411302

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CYMA Consultants, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 14, 2010 and assigned Florida document number L10000040149.

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 contain 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:

Capitol Corporate Services, Inc.

New Registered Office Address:

315 E. Park Ave., Floor 2

*Enter Florida street address*

Tallahassee

Florida 32301

*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.*

*Brian Radecki*

Brian Radecki, Assistant Secretary, on  
behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

H23000411302

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H23000411302

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Yee	380-2925 Virtual Way	<input type="checkbox"/> Add
		Vancouver V5M 4X5	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ray Chu	380-2925 Virtual Way	<input type="checkbox"/> Add
		Vancouver V5M 4X5	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alex Brisson	380-2925 Virtual Way	<input checked="" type="checkbox"/> Add
		British Columbia, Canada V5M 4X5	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sophie Boisvert	380-2925 Virtual Way	<input checked="" type="checkbox"/> Add
		British Columbia, Canada V5M 4X5	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Olivier Turcotte	380-2925 Virtual Way	<input checked="" type="checkbox"/> Add
		British Columbia, Canada V5M 4X5	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H23000411302

H23000411302

[illegible]

**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.

**Filing Fee: \$25.00**