

L10000 121819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

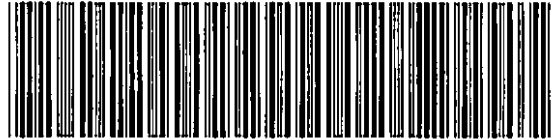
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

YS
11/5/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYBER INVESTIGATION SERVICES 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:

Anderson, Christopher S

Name of Person

CYBER INVESTIGATION SERVICES LLC

Firm/Company

4516 HWY 20 E #220

Address

Niceville, FL 32578

City/State and Zip Code

debbie@cyberinvestigationservices.com

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

For further information concerning this matter, please call:

Debbie Anderson

850

830-3668

at ()

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

☐ \$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

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

CYBER INVESTIGATION SERVICES 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 11/24/2010 and assigned
Florida document number L10000121819.

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)

3905 TEABERRY LN

SUN CITY CENTER, FL 33573-6693

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3905 TEABERRY LN

SUN CITY CENTER, FL 33573-6693

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:

same-just changing address

New Registered Office Address:

3905 TEABERRY LN

Enter Florida street address

SUN CITY CENTER, FL

City

Florida

33573-6693

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bruce C Anderson	3905 TEABERRY LN	<input type="checkbox"/> Add
		SUN CITY CENTER, FL 33573-6693	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TEABERRY LN
SUN CITY CENTER
FL 33573-6693

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Only change of address for Bruce Anderson, principal and mailing address

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E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 23 2020

October 23, 2020



Signature of a member or authorized representative of a member

Christopher S Anderson

Typed or printed name of signee

Filing Fee: \$25.00