

Page 1 of 7 2015-05-18 15:32:38 (GMT) 5041870@gmail.com From: VLADIMIR BORISSOV
Division of Corporations Page 1 of 2
L11000082234

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000118762 3)))



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

From: Account Name : BEST PRO SERVICES INC
Account Number : 120140000069
Phone : (727) 504-1870
Fax Number : (727) 683-9500

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

Email Address: best.pro@live.com

RECEIVED
15 MAY 18 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CYBORG INSTRUMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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MAY 19 2015

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5/18/2015 8:47:39 AM PAGE 1/001 Fax Server



May 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CYBORG INSTRUMENTS LLC
19501 WEST COUNTRY CLUB DR, APT. TS3
AVENTURA, FL 33180

SUBJECT: CYBORG INSTRUMENTS LLC
REF: L11000082234

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H15000118762
Letter Number: 615A00010312

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYBORG INSTRUMENTS 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:

DANILOV, ALEXANDER

Name of Person

CYBORG INSTRUMENTS LLC

Firm/Company

3131 NE 188th Street Ap. 2-1201

Address

AVENTURA, FL 33180

City/State and Zip Code

best.pro@live.com

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

For further information concerning this matter, please call:

DANILOV, ALEXANDER

305

496-3673

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/COURIER ADDRESS:

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

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

CYBORG INSTRUMENTS LLC

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

FILED
2015 MAY 18 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/18/2011 and assigned
Florida document number L11000082234

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 "L.L.C." or the abbreviation "LLC."

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: _____

New Registered Office Address: _____

Enter 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2015 MAY 18 AM 9:06
FILED
CLERK
FBI
CHASSIS

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

please, remove FEIN # 47-2765951

please, add FEIN # 47-3952437

2015 JUN 18 AM 9:06
FILED
DEPT. OF STATE
HALLMARKS**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 May 13

2015



Signature of a member or authorized representative of a member

DANILOV, ALEXANDER, mgr

Typed or printed name of signer