Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BEST PRO SERVICÉS INC

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**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

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

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Help

MAY 19 2015

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2015-05-18 15:32:38 (GMT)

5041870@gmail.com From: VLADIMIR BORISSOV

850-617-6381

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 33160

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.

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Tim Burch Regulatory Specialist II FAX Aud. #: H15000118762 Letter Number: 615A00010312

COVER LETTER

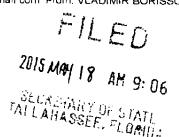
TO:	Registration Se Division of Cor			
ans	CYBORG	INSTRUMENTS LLC		
SUB	IRC1:	Name of Lim	ited Liability Company	
			·	
Thee	melosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		DANILOV, ALEXANDE	R	
			Name of Person	
		CYBORG INSTRUMENT	TS LLC	
			Firm/Company	+ +
		3131 NJ; 188th Street, Ap		
			Address	
		AVENTURA, FL 33180		
		and the second s	City/State and Zip Code	
		best.pro@live.com		
			to be used for future annual report notif	scation)
For fi	arther information co	oncerning this matter, please c	ali:	
DAN	ILOV, ALEXAND	ER	305 496-3673	
	Name o	(Person	Rt () Area Code Daytime	:Telephone Number
Enclo	sed is a check for th	ic following amount:		
≅ \$3	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Curtified 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 non appears on our records,)
(A Florida Limited Liability Company) 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 amonding 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 "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_ Cin

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

MGR = Manager

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

A:MBK = 7	Suthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Change
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• - ~ • ·	Signature of a member or authorized representative	e of a member
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Filing Fee: \$25.00