

L14 0000 80281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

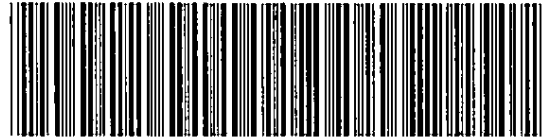
(Document Number)

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2017 DEC 18 AM 11:08
FALL ARIZONA

2017 DEC 18 AM 11:08

FILED
SECRETARY OF STATE
FALL ARIZONA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYBERCORE INVESTMENTS 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:

SAMIR SHOBEIR
Name of Person

CYBERCORE INVESTMENTS LLC
Firm/Company

1000 SAVAGE CT, UNIT 105
Address

LONGWOOD, FL 32750
City/State and Zip Code

SAM @ CYBERCORE LLC. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMIR SHOBEIR at (407) 960 - 3410
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**

CYBERCORE INVESTMENTS 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 12/15/17 and assigned
Florida document number L14000080261

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 18 AM 2:45

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:

SAMIR SHOBEIR

New Registered Office Address:

1000 SAVAGE CT, UNIT 105

Enter Florida street address

LONGWOOD

City

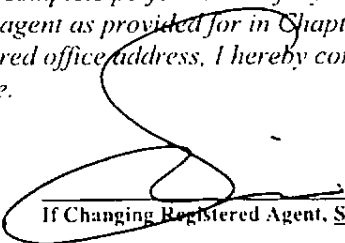
Florida

32750

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

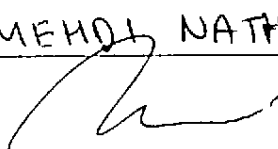
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>
MR	MEHDI NATHANI	1000 SAVAGE CT, UNIT 105	<input type="checkbox"/> Add
		LONGWOOD, FL 32780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

17 DEC 11 AM 2:34

SECRETARY OF THE
FEDERAL BUREAU OF INVESTIGATION

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.

Dated 15th December 2017

Signature of a member or authorized representative of a member

~~SAMIR~~ SHOBEIR

Typed or printed name of signee