

L14000185890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

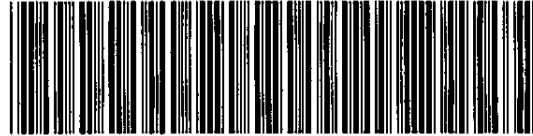
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



900267545249

12/18/14--01002--017 \*\*60.00

EFFECTIVE DATE

1-1-15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 18 PM 2:45

FILED

DEC 23 2014

T. BROWN

## COVER LETTER

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

SUBJECT: CyberVera 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:

Larry M. Grant

Name of Person

EnProVera Corporation

Firm/Company

150 E. Bloomingdale Ave Suite 180

Address

Brandon/FL 33511

City/State and Zip Code

larrygrant@enprovera.com

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

For further information concerning this matter, please call:

Larry M. Grant

Name of Person

813

at ( )

Area Code

751.9650

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**

CyberVera LLC.

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

**FILED**  
14 DEC 18 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 4, 2014 and assigned  
Florida document number L14000185890.

This amendment is submitted to amend the following:

**EFFECTIVE DATE**  
1-1-15

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

The new name must be distinguishable and end with 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:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	EnProVera Corporation	150 E. Bloomingdale Ave Suite 180	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511	<input type="checkbox"/> Remove
AMBR	Cybervance Inc.	10119 Thornwood Road	<input checked="" type="checkbox"/> Add
		Kensington, MD 20895	<input type="checkbox"/> Remove
AMBR	Larry M. Grant	150 E. Bloomingdale Ave Suite 180	<input type="checkbox"/> Add
		Brandon, FL 33511	<input checked="" type="checkbox"/> Remove
AMBR	William J. Carroll	40703 Cool Valley Circle	<input type="checkbox"/> Add
		Aldie, VA 20105	<input checked="" type="checkbox"/> Remove
AMBR	Michael C. Alcorn	10119 Thornwood Road	<input type="checkbox"/> Add
		Kensington, MD 20895	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

---

---

---

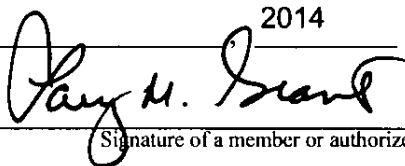
---

---

E. Effective date, if other than the date of filing: January 1, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 15 2014



Signature of a member or authorized representative of a member

Larry M. Grant

Typed or printed name of signee