L150000 25551

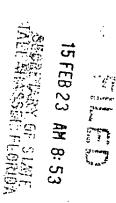
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



000269602780

02/23/15--01014--020 **25.00



4 CENSORS MAR 0 3 2015

COVER LETTER

TO: Registration Sec Division of Corp			
CYBERL	ANCERS, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Ms. Kate Puckett, e	<i>59</i> .	
		Name of Person	
	Hasan, LLC		
		Firm/Company	
	3900 E. Mexico Ave.	Suite 300	
		Address	
	Denver, CO, 80210		
		City/State and Zip Code	 -
	kate@hasanlegal.com		
		be used for future annual report notificat	.ion)
	oncerning this matter, please cal		
Kate Puckett esg.		719 232-0722 at () Area Code Daytime Te	
Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	e 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

CTBERLANCERS, LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now appears on o la Limited Liability Company)	<u>our records.</u>)	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on <u>febr</u> 3/	Many 11, 2015 and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
CYBERLANCERS LLC			
The new name must be distinguishable and end with the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		高 名	.n
	 		71 71 10 1 1075
Enter new mailing address, if applicable:		" فيشَوْر ع ا	ઝં [ા] ં પ્ર
	<u></u>		٦
(Mailing address MAY BE A POST OFFICE BOX)		: @	1
		<u> </u>	œ 📆
B. If amending the registered agent and/or regi	istered office address on our	records enter the name	্ৰে Gaf the nev
registered agent and/or the new registered office add	dress here:	Tecords, enter the paint	-or the ner
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida st	reet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Remove
			Add
		□ Remove	
			□ Remove
			Add Remove
	W M. 6.7		Add
			□ Remove

·	hange(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the date of filing	g: (optional) ate of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Departmen	
Dated	·
LI COM OC	2 1/2 - Cold.
Signature of a Kutherine	member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

15 FEB 23 AM 8: 53