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(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	CUPOC Name of Lim	Hed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Jer</u>	Name of Person	
	CU	MOGEOC, LLC	•
	817 EE	B+ Hillsboro E Address	3lvd.
	Deer Fie Jani Ver E-mail address: (City/State and Zip Code O Cyrogage. to be used for future annual report notif	334UI
For further information c	oncerning this matter, please ca		
<u>Jennik</u> Name o	Fec Ellis	at (501) 312- Area Code Daytime	2900 Telephone Number
Enclosed is a check for the	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cyro	gegy, LLC.
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L10000 398U</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	817 East Hills bord Blud.
(Principal office address MUST BE A STREET ADDR	Essi Deerfield Beach fr. 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	817 East Hillsboro Blva. Deersield Beach, FL 33441
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	Bryon Rosen
New Registered Office Address:	503 North Military Tail # 403 Enter Florida street address
***************************************	Boca Caton, Florida 33494 Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and reent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	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>	Address	Type of Action
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Filing Fee: \$25.00