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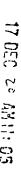
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COVER LETTER

Division of Co	rporations		
Sanibel Cy SUBJECT:	yber Technology, LLC		
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jack Voth		
	-	Name of Person	
	Sanibel Cyber Technology	. LLC	
		Firm/Company	
	1674 Bunting Lane		
		Address	
	Sanibel, FL 33957		
		City/State and Zip Code	
	jack.voth@sanibeleybertech E-mail address: ()	i.com to be used for future annual report noti	lication)
For further information	concerning this matter, please ca	·	,
Jack Voth		239 2499311 at ()	
Name	of Person	Area Code Daytim	e 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:

TO:

Registration Section

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

Sanibel Cyber Technology, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L17000053091	npany were filed on 03/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 17 S
(Principal office address MUST BE A STREET ADDRES	SS)	7 F
		E 15
		1887 1887
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(maning datess may be a rost of free box)		93
B. If amending the registered agent and/or register registered agent and/or the new registered office address		er the name of the new
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 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>	Type of Action
MGR	Colleen Kelly	1674 Bunting Lane	
		Sanibel, FL 33957	Remove
			☐ Change
		-	
			☐ Remove
			☐ Change
			☐ Remove
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n effective date is listed te: If the date insert	r than the date of filing: the date must be specific and cannot be prior to date of filing or more the din this block does not meet the applicable statutory filing requite on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.020 uirements, this date will not be listed a
	a delayed effective date, but not an effective time, er the record is filed.	, at 12:01 a.m. on the earlier ϵ
ted	Signature of a member or authorized representative of a n	
,	Nignighte of a member or authorized conceentation of a c	ነን ሶ የገን ቮራሳዊ

Page 3 of 3

Filing Fee: \$25.00