117000062107

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SECKE LARY OF STATE TALL MIASSEE, FLORID

S. WARREN JUN 2 9 2017

COVER LETTER

TO: Registration Se Division of Cor			
Cyber SAN	R LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspond	ndence concerning this matter to	the following:	
	Suhas Apte		
		Name of Person	
		Firm/Company	
	4201 Bayshore BLVD, Unit	1602	
		Address	
	Tampa, FL. 33611		_
		City/State and Zip Code	
	sapteusa@gmail.com E-mail address: (to	be used for future annual report notific	cation)
For further information c	oncerning this matter, please call		
Suhas Apte		770 335-6611	
Name o	f Person	at () Area Code Daytime ^	Telephone Number
Enclosed is a check for the	ne 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

CYBER SANR LLC			
(Name of the Limited I	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liabi Florida document number <u>L17000062107</u>		and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	X)		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
_			
	City	orida Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, ar ed agent as provided for in Chapter 605, stered office address, I hereby confirm th	nd I am fámiliar with and F.S. Or, If this decument is	

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 Title Name Address Type of Action _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change _D Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Add □ _□ Change

The membership will be h	neld as follows:		
Advanta IRA Services, LI	LC fbo Suhas Apte IRA # 800575	55 - 25%	
Arie Kohn - 37.5%			
Nadav Sivan - 18.75%			
Rena Kahn - 18.75%			
	2001		
te: If the date inserted in this	the date of filing: must be specific and cannot be prior to a block does not meet the applicate Department of State's records.	o date of filing or more than 90 d ble statutory filing requireme	(optional) lays after filing.) Pursuant to 605.02 ents, this date will not be listed a
cument's effective date on me	Department of State's records.		
record specifies a delay The 90th day after the r	yed effective date, but not record is filed.	an effective time, at 1	2:01 a.m. on the earlier
June 20	2017	·	≅#: 3
4	Section	\sim	
(m.k)	Signature of a member or author	ized representative of a member	
		<i>A</i>	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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Filing Fee: \$25.00