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COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	CT: Cyber Care Services LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fec(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tenise Bell Name of Person
	Cyter Care Services LLC Firm/Company
	10020 S Church Avenue #10394
	City/State and Zip Code +bell © Cyber (one so vices com E-mail address: (to be used for future annual report notification)
For fur	E-mail address: (b) be used for future annual report notification) ther information concerning this matter, please call:
	Name of Person at (813) 860-4945 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
1 S2	5.00 Filing Fee Solution Status Solution Status Solution

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

(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 1700131743 .	any were filed on $O(33/3017)$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
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	<u>ं ४</u> अ है
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
registered agent and/or the new registered office address	d office address on our records, enter the name of the no 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 argending 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Terise Bell	1002BS Church Avenue	
		#10394	Remove
		Tompa, FL 33629	Change
AMBR	Tenise Bell	1002BSChurch Avenue) Add
		#10394	□ Remove
		Tompa, FL 33629	Change
			□ Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
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			□ Remove
			☐ Change

amending any other information, enter change(s) here: (Attach additional sheets,	
	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date.	_ (optional)
ote: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed a
	2:01 a.m. on the earlier
The 90th day after the record is filed.	2:01 a.m. on the earlier \cdot
The 90th day after the record is filed. ated $\frac{O9/32/3011}{O}$.	
The 90th day after the record is filed. ated $09/32/3011$. To mix . Rad	2017 C
ated O9/22/2011 Signature of a member or authorized representative of a member	2017 GCT
ated O9/22/2011 Signature of a member or authorized representative of a member	2017 CCT - 5
The 90th day after the record is filed. ated $09/32/3011$. To mix . Rad	2017 GCT

Filing Fee: \$25.00