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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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COVER LETTER

TO: Registration Section Division of Corporations	\
SUBJECT: Cibtum ENte	RPRISES LLC
Name of L	imited Liability Company
•	
The enclosed Articles of Amendment and fee(s) are st	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
<u>Jenn</u>	Name of Person
Coibfo	am Faterpiaes LCC
750	SE ST COUL
Pow	Jano Beach FL 33060
E-mail address	City/State and Zip Code SUPSALE OCS - COM s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Name of Person	at (954) 914 - 1285 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
Division of Comporations	Division of Cornerations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	OF FILED
Calb	fam terprogramins pur3: 32
(Name of the Limited Liability Comp.	pany as it now appears on our records.) Liability Company) SEORETARY 20 0717
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000174132</u>	A STANSON ME
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	750 SE 51-(+
(Principal office address MUST BE A STREET ADDRESS)	rompeno Black
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	750 SE Sth Ct Fom Down D Boach
Intuining dualess MAT BEAT OUT OF THE BONY	FL 33060
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	yanva HUTENY
New Registered Office Address: 750 S	E St. C-l Enter Florida street address
16N	1 Para 38060

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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ate. If the date ins	erted in this block doe date on the Departme	es not meet the appli	icable statutory fil	ing requirements, f	his date will not be lis	ted a
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cument's effective	clayed effective date, t)			