

L17000229787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

Amend

SEP 26 2018

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYBERLOGICAL SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN SCHELL

Name of Person

CYBERLOGICAL SOLUTIONS LLC

Firm/Company

9526 ARGYLE FOREST BLVD, UNIT B2 #321

Address

JACKSONVILLE, FL 32222

City/State and Zip Code

STEVE@CYBERLOGICAL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN SCHELL

678

562-5711

at ()

Name of Person

Area Code

Daytime 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:
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

18 SEP 26 PM 3:33

18 SEP 26 PM 3:33
CORPORATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

STEVEN SCHELL
CYBERLOGICAL SOLUTIONS LLC
9526 ARGYLE FOREST BLVD., UNIT B2 #321
JACKSONVILLE, FL 32222

SUBJECT: CYBERLOGICAL SOLUTIONS LLC
Ref. Number: L17000229787

We have received your document for CYBERLOGICAL SOLUTIONS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 918A00019000

RECEIVED

19 SEP 26 AM 10:53

SECRETARY OF
TALLAHASSEE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CYBERLOGICAL SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/07/2017 and assigned
Florida document number L17000229787.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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 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>	<u>Type of Action</u>
MGR	JERRY DENTON	9526 ARGYLE FOREST BLVD	<input type="checkbox"/> Add
		UNIT B2 # 321	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Change
AMBR	JAMES SCHILLING	9526 ARGYLE FOREST BLVD	<input type="checkbox"/> Add
		UNIT B2 # 321	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32222	<input type="checkbox"/> Change
MGR	STEVEN SCHELL	9526 ARGYLE FOREST BLVD	<input type="checkbox"/> Add
		UNIT B2 # 321	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 24, 2018

Sh. Schell

Signature of a member or authorized representative of a member

STEVEN SCHELL

Typed or printed name of signee