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S. WARREN JAN 3 0 2018

COVER LETTER

TO: Registration Se Division of Cor		•	•	
SUBJECT:	Cubre LL	.C		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Devyn	Rockey Name of Person		
	Cub	Name of Person Per LLC Firm/Company		
	6055 Eve			
			2	
	C4bre E-mail address: (FL 34117 City/State and Zip Code c j C G gmail. Co to be used for future annual	propert notification	<u> </u>
For further information c	oncerning this matter, please ca		•	
Deyn R	ockey	at (_ 239)	637-2	932
Name o	f Person /	Area Code	Daytime Telepi	hone Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ation Section		I'/COURIER AI tion Section	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cybre	LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L1 80000052</u>	npany were filed on $1/c$	75/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:		teores, circle the name of the new
New Registered Office Address:		
	Enter Florida stre	et address
	,	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	City	Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered ecompany has been notified in writing of this change.	——— d agree to act in this capact uplete performance of my du nt as provided for in Chapte	ties, and I am familiar with and or 605, F.S. Or, if this document is firm that the limited liability
F	Page 1 of 3	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.

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 Title Name **Address** Type of Action Charles, Josue 14593 APalacheest. Add Naples, FL 34114 Kremove ____ Change Mottola, Dominic 6070 West Bourghdr Dad Naples, PL 34112 *Remove ____ Change □ Add □ Remove _□ Change □ Add □ Remove _□ Change □ Remove **≅** ._□**⊊**hange □ Romove ☐ Change

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Filing Fee: \$25.00