

118000057134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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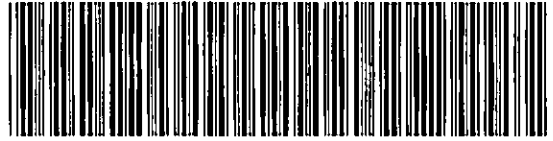
(Business Entity Name)

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U SIMMONS
OCT 1 / 2018

COVER LETTER

**TO: . Registration Section
Division of Corporations**

SUBJECT: CYBZINES

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:

Cybil B. France

Name of Person

CYBZINES

Firm/Company

18450 Caribbean Blvd

Address

Miami, FL 33157

City/State and Zip Code

info@cybzines.com

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

For further information concerning this matter, please call:

Cybil B. France

786

832-0423

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

CYBZINES, L.L.C

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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	FRANCE, CYBIL B	18450 CARIBBEAN BLVD. MIAMI, FL 33157	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	CHERUBIN, MYRTHO, MS	18450 CARIBBEAN BLVD. MIAMI, FL 33157	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	CHERUBIN, MAYMONE, MS.	18450 CARIBBEAN BLVD. MIAMI, FL 33157	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	BONHOMME, ERIC, JR	18450 CARIBBEAN BLVD. MIAMI, FL 33157	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Charles, Sofia, Ms	18450 CARIBBEAN BLVD. MIAMI, FL 33157	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Jeffrey France	18450 CARIBBEAN BLVD. MIAMI, FL 33157	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

12 OCT -2 PM 12:39

10 OCT -2 PM 12:30

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 9/13

2918

Signature of a member or authorized representative of a member

Cybil B. France

Typed or printed name of signee