## 11800057134

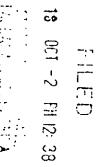
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OCT 1 / 2018

## **COVER LETTER**

TO: . Registration Division of C			
CYBZIN SUBJECT:	ES		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cybil B. France		
	CYBZINES	Name of Person	
	18450 Caribbean Blvd	Firm/Company	
	Miami, Fl 33157	Address	
	info@cybzines.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
Cybil B. France		786 832-042.	3
Name	of Person	Area Code Da	ytime 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYBZINES, L.L.C		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C Florida document number 1.18000057134	Company were filed on 03/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDE	RESS)	
		λ
Enter new mailing address, if applicable:		· ·
(Mailing address MAY BE A POST OFFICE BOX)		
		.:>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records ress here:	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
Negating Office Address.	Enter Florida street address	y
	. Flo	orida
	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>	Type of Action
MGR	FRANCE, CYBIL B	18450 CARIBBEAN BLVD. MIAMI, FL 33157	
			Remove
	CHURUNA NAVITHO ME	10150 CARIBBE IN DIAM	☐ Change
AP	CHERUBIN, MYRTHO, MS	18450 CARIBBEAN BLVD. MIAMI, FL 33157	
			Remove
			Change
AP CI	CHERUBIN, MAYMONE, MS.	18450 CARIBBEAN BLVD. MIAMI, FL 33157	Add
			Remove
			□-Change
AP	BONHOMME, ERIC, JR	18450 CARIBBEAN BLVD. MIAMI, FL 33157	72 Add
			Remove
			<u></u>
AP	Charles Sofia Ms 18450 CARIBBEAN BLVD. MIAMI, FL 33157	18450 CARIBBEAN BLVD. MIAMI, FL 33157	□ Change
	<u>Ciale</u> , 2010, MS		Add
			= Remove
. 5	<del>-</del>	18450 CARIBBEAN BLVD.	Change
AP	Jeffrey France	MIAMI, FL 33157	
			■ Remove
			□ Change

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	P. P.
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to dete:  If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
nument's effective date on the Department of State's records.	
record energing a delayed effective days to be a set	<b>6</b>
record specifies a delayed effective date, but not ar he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of
ed 9/13	
	<u> </u>

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Typed or printed name of signee

Filing Fee: \$25.00