## 118000201505

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	·			1
CYBER (Name of the Limited	Liability Company	s it now appears on	our records.)	<u>lc</u>
1 (A	Florida Limited Liab	as it now appears on ility Company)	<i>t</i> /	·
The Articles of Organization for this Limited Liab Florida document number <u>L 1800</u>	ility Company we	are filed on $8$	1/22/1	and assigned
This amendment is submitted to amend the follow	ino:			
A. If amending name, enter the new name of th		v company here:	• :	<b>6</b> 001
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the design	nation "LLC" or the a	abbrevialian "L.l.C."
•	·			- 5
Enter new principal offices address, if applicable	le: _			
(Principal office address MUST BE A STREET.	<u> (ADDRESS)</u>			<u>~</u>
	_			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 			
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on ou	ır records, <u>ente</u>	r the name of the na
Name of New Registered Agent:	YUNI	er U	Jri E	Strade
New Registered Office Address:	1500	9850 Enter Florida :	.U BO street address	+erro
	Nlia	City	, Florida _	3319 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 & New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name 1	Address (50 ) Po Type of A
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filiote:  If the date inserted in this block does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant to 605, ry filing requirements, this date will not be liste
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlie
nied 10 03 2018.	
Signature of member or authorized represe	entative of a member

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