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Office Use Only



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Mend

COVER LETTER

Division of Corporations				
SUBJECT: Cipher Limited Liability Company 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:				
JAMES A BRYSON Jr				
Cipher Linited LLC Firm/Company				
1207 N. Himes Ave ste 3				
Tampa FL 33607 City/State and Zip Code				
JBryson Dunique Property Services. Com V				
For further information concerning this matter, please call:				
Tames A Bryson Tr at (PB (95-2)52) Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section

TO:

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

Lipher Limite	ed LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number 47000 1011.8	ere filed on 4-19-19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	y 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)	P N
Enter new mailing address, if applicable:	P 17
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1207 N	Bryson, Jr Himes Ave #3 Enter Florida street address Florida
N. B. C.	- 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

or removed fr	Authorized Person(s) authorized to man rom our records:	nage, enter the title, name, and address of each	person being adde
MGR = Ma AMBR = Au	nnager ithorized Member		
Title	Name	Address	Type of Action
MGP	JAMOS A Bryson	Ir SAME ASONFOL	Ľ □ Add
			Remove
			Change
AMBr	JAMES A Bryon J	F Sames AS ON FILE	Add
			Remove
	0		Change
AMBR	Brian K Wass	SAME AS ON FILE	□ Add
			□ Remove
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			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
DNY Changing Registered Abent	
AND	
Spelling of Name (s)	
JAY Should Be JAMES A BRYSON	J
Brian Should Be Brian K Wood	ک
ADD-EIN 83-4649523 Please	
. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	97 (3)(s the
f the record specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier α	of:
Dated June 21 2019	
Stepandre of a member or authorized representative of a member JAMES A Brown Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00