

L19000202711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

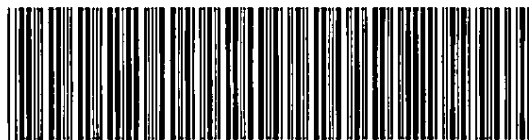
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2021 MAR -5 P 10:47

## COVER LETTER

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

SUBJECT: CYBER AIR LLC  
\_\_\_\_\_  
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:

DAVID STRONG  
\_\_\_\_\_  
Name of Person  
  
QUALITY FINANCIAL SERVICES INC  
\_\_\_\_\_  
Firm/Company  
  
209 DUNLAWTON AVE STE 14  
\_\_\_\_\_  
Address  
  
PORT ORANGE, FL 32127  
\_\_\_\_\_  
City/State and Zip Code  
  
DAVID.QFSINC@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA DOWELL  
\_\_\_\_\_  
Name of Person  
  
386 761-7855  
at (\_\_\_\_\_) \_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 MAR -5 PM 4:47  
CLERK OF COURT  
JANICE L. BROWN  
CLERK OF COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CYBER AIR LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/08/2019 and assigned  
Florida document number L19000202711.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

Florida

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>	<u>Type of Action</u>
AMBR	RAYMOND MONTELL	1889 DEROSA RD	<input checked="" type="checkbox"/> Add
		POLK CITY, FL 33868	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIC OLSON	1860 DEROSA RD	<input type="checkbox"/> Add
		POLK CITY, FL 33868	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADAM SMELTZER	1889 DEROSA RD	<input checked="" type="checkbox"/> Add
		POLK CITY, FL 33868	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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POLK COUNTY, FL

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Effective date, if other than the date of filing, \_\_\_\_\_ (specify date)  
(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 605.0207 (3)(b)

FILED  
2021 MAR -5 PM 10:47  
RECEIVED  
MAR 10 2021  
OPTIONAL)

Dated MARCH 1, 2021

RAYMOND MONTELL  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**