

L20 000 331 553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

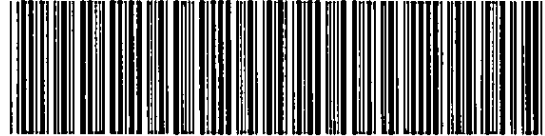
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100354388361

11/02/20--01016--030 **25.00

FILED

2020 NOV -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FL

12/11/20

[Signature]

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: B12 CYBER AND IT CONSULTING 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:

Edwin J Berrios-Ortiz

Name of Person

B12 CYBER AND IT CONSULTING LLC

Firm/Company

806 NW 24th St

Address

Wilton Manors, FL 33311

City/State and Zip Code

berriosortiz@gmail.com

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

For further information concerning this matter, please call:

Edwin J Berrios-Ortiz

at 202 701-0333

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2020 NOV -2 PM 1:35

~~SECRETARY OF STATE~~
TALLAHASSEE, FL

~~SECRETARY OF STATE~~
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Description of Business: Yoga Instruction and Classes, Yoga Teacher Training Programs, Alternative Health and

Wellness

E. Effective date, if other than the date of filing: _____ **(optional)**

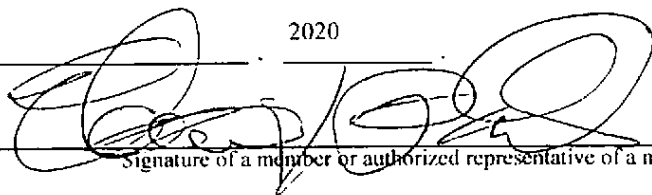
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 29

2020



Signature of a member or authorized representative of a member

Edwin J Berrios-Ortiz

Typed or printed name of signee