## L2200014602

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<del></del>
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: CYCY	MMAN Bervices Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Acisheen Lin	Name of Person	
		Firm/Company	
		n Wasters Rd Address	
	Doma Beac	n FL 33004  City/State and Zip Code  en 6 9mal - Cor to be used for future annual report noti	
	Lincler ashe	en 69mal. Cor to be used for future annual report noti	fication)
For further information c	concerning this matter, please ca		
Masheen 1	-incles	$\frac{305}{\text{Area Code}}$	1551
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
✓ \$25.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	CeS L Liability Compan Florida Limited L	C ny as it now appears on iability Company)	2023 APP 24	<del>- 55 7: 3</del> 4
The Articles of Organization for this Limited Liabi Florida document number <u>L22000</u> 74	ility Company v			and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the	<u>e limited liabil</u>	lity company here:		
The new name must be distinguishable and contain the words	s "Limited Liabilii	ty Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	_ ' ' '		ers Rd Apt1
(Principal office address MUST BE A STREET A	(DDRESS)	Dania be	each FL 3	<u> </u>
Enter new mailing address, if applicable:		990 Phippe	en Woute	ers RD Apt 1
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	V ' ' ' ' ' '	seach Fl	330aH
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office ac <u>ere</u> :	ldress on our recore	ds, <u>enter the nam</u>	of the new registered
Name of New Registered Agent:	hasheen	Linder	_	
New Registered Office Address:	190 Phipp	en Wouters Enter Florida su		1
	Dania Be		Florida <u> </u>	23004 Zip Code
Manual Disease at the second of the second				

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>	Address	Type of Action
AMBR	Laterria Scott	1972 Lake Fountain Dr Apr 118	□Add
		Orlando FC 32839	ERemove
		<del>-</del>	□Change
			□Remove
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n elle o <mark>te:</mark>	ve date, if other than the date of filing:
ecord is file	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
2 1116	
	January 23 . 2023.
	January 23 . 2023.

Filing Fee: \$25.00