

h22 000145874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

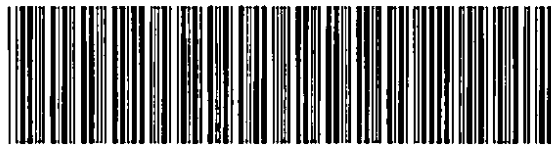
Special Instructions to Filing Officer:

Q. SILAS

AUG 23 2022

8/1/22

Office Use Only



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04/11/22--01038--013 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL

FILED



RECEIVED

FLORIDA DEPARTMENT OF STATE 2022 AUG -1 AM 11:56
Division of Corporations

July 13, 2022

ST
TALLAHASSEE, FL

CHARLENE HURST
200 CENTRAL AVENUE
SUITE 2100
ST PETERSBURG, FL 33701

SUBJECT: CYBERLINKDATA, LLC
Ref. Number: L22000145874

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 122A00015598

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CyberlinkData, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlene Hurst

Name of Person

CyberlinkData, LLC

Firm/Company

200 Central Avenue Suite 2100

Address

St Petersburg FL 33701

City/State and Zip Code

churst@360advanced.com

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

For further information concerning this matter, please call:

Charlene Hurst

Name of Person

at (727)

Area Code

418-3747

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee
(already paid)

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

SECRETARY OF STATE
TALLAHASSEE, FL

FIRST: The name of the limited liability company is: CyberlinkData, LLC

SECOND: The Florida Document number of the limited liability company is: L2000145874

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows.

inadvertently filed persons as managers instead of an entity. The only manager should be:

Traveller Investments, Inc. 200 Central Ave Suite 2100, St Petersburg FL 33701

(not Danielle Kucera and not Daniel Collins)

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

7/26/2022

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)