h220000231084

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STA

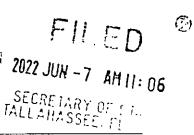


COVER LETTER

TO:

TO: Registration So Division of Cor			
CYBE LLC	~. ·		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS RUIZ		
	-	Name of Person	
	CYBE LLC		
		Firm/Company	
	11913 SW 153 PL		
		Address	
	MIAMI/FL 33196		
		City/State and Zip Code	
	CARLO837@ICLOUD.CO		
Live fronthing in françaisies	e-mail address: (concerning this matter, please c	to be used for future annual report notification)	
	concerning this matter, please c		
CARLOS RUIZ		786 5660321 at ()	
Name (of Person	Area Code Daytime Telephone Nu	mher
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee. difficate of Status & diffied Copy dimal copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 631		Division of Corporations The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Sui Tallahassee, Fl. 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 JUN -7 AM 11: 06



CYBE 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 MAY 17, 2022	and assigned
Florida document number 1,22000231084		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "ELC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(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 a	iddress on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		
Name of Name Device and Advanta		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	
	City	Zıp 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 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
MGR	CARLOS RUIZ	11913 SW 153 PL	□Add
		MIAMI FL 33196	□Remove
MGR YUSMAIDY ACOSTA	YUSMAIDY ACOSTA	11913 SW 153 PL	
	MIAMI FL 33196	□Remove	
		■ Change	
			□Add
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<u>vote:</u> 11	re date, if other than the date of filing:
record d 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 d.
	- / - /to
Dated _	5/3/22
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00