

L 22000346629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

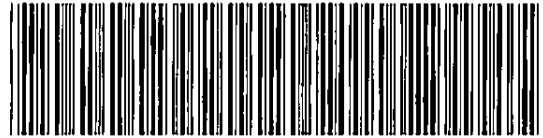
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: BLACKBOX TECHNOLOGY & CYBER SECURITY 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:

MARCOS CESAR PEREIRA DE AGUIAR

Name of Person

BLACKBOX TECHNOLOGY & CYBER SECURITY LLC

Firm/Company

1317 Edgewater Dr. #5180

Address

Orlando, FL 32804

City/State and Zip Code

mcaguiar@bboxcybersec.com

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

For further information concerning this matter, please call:

MARCOS CESAR PEREIRA DE AGUIAR

212 718-0640
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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DS
McPDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKBOX TECHNOLOGY & CYBER SECURITY 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 AUGUST 5, 2022 and assigned Florida document number L22000346629.

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:

1317 Edgewater Dr. #5180 Orlando FL 32804

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1317 Edgewater Dr. #5180 Orlando FL 32804

(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:

MARCOS CESAR PEREIRA DE AGUIAR

New Registered Office Address:

1317 Edgewater Dr. #5180

Enter Florida street address

Orlando

City

Florida

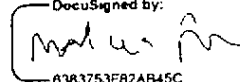
32804

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.

DocuSigned by:



6383753F87AB45C

If Changing Registered Agent, Signature of New Registered Agent

in attending '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	Doublex Group Technology & Entc	1317 Edgewater Dr. #5180, ORLANDO FL 32804	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
D	JOAO CARLOS LEMOS		<input type="checkbox"/> Add
		3020 Bennett Ln., Apt 304 Melbourne, FL 32935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	LUIZ AMARO DA SILVA		<input type="checkbox"/> Add
		1191 E NEWPORT CENTER DR STE 103 DEERFIELD	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DS
MCPDR

2023 OCT 17 PM 12:40

SECRET
DIVISION OF CORPORATIONS
2023 OCT 17 PM 12:40

(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)

Dated _____, _____

—DocuSigned by:

—6383753F92A845C

Typed or printed name of signee