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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CYbesfillzen 50 ftware Limited Liability Company 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:
Vedra Patel Name of Person Cyberfilten Software Limited Liability company
710 Oakfield Dr Ste 267
Brandon FL 33511 City/State and Zip Code Vednakondyry (agmail com a Te-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Veday Palel Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L230007174</u> 1	were filed on 0 30 20.23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	710 Eakfield Dr Stett 267 Brandon FLorida 3351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	710 Oakfield Dr Ste # 267 Brandon Florida 33511
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida 7
	City Til Zip State
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. Thereby 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

Title Type of Action Name Address Vodra Patel 710 Dakfield Dr Ste 267 33511/ □Change AMBR Jedny Palel 210 Oakield Dr ste 267 □Remove $\square Add$ Remove □Remove ☐ Change \Box Add **□**Remove

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