## L2300370489

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c/ 11/4/2023

## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
CHRICT.	CYBERIN	TELMITIGATION LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Sonia Becerra			
		Name of Person			
		Swyft Filings			
		Firm/Company			
3 Greenway Plaza #1320					
Address					
		Houston, TX 77046			
		City/State and Zip Code			
	info	@legalcorpsolutions.com	(Gentler)		
For further information of	concerning this matter, please c	·	meanon)		
Sonia B	ecerra	at ( 877 ) 777-0	0450		
Name o	of Person		ne Telephone Number		
		•			
Enclosed is a check for t	he 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)		
Mailina Addre	<b>84</b> *	Street Address:			
Mailing Address: Registration Section		Registration Se	ection		
Division of C	•	Division of Corporations			
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 COT 30 AT 7: 25

## CYBERINTELMITIGATION LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization		Company were filed on	08/07/2023	and assigned
Florida document number	L23000370689			
This amendment is submitted	to amend the following:			
A. If amending name, ente	r the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguish	able and contain the words "Lis	mited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices	address, if applicable:		_	
(Principal office address Mi	<u>UST BE A STREET ADD</u>	RESS)		
Enter new mailing address,				
(Mailing address MAY BE A	1 POST OFFICE BOX)	<del></del>		
B. If amending the register			cords, enter the nan	ne of the new registered
agent and/or the new regist	ered office address here:			
N (N D )				
Name of New Regi	stered Agent:			
New Registered Of	fice Address:	Frier Flori	da street address	
		Liuei I tori		
		City	, Florida	Zip Code
New Registered Agent's Sign	ature, if changing Register	ed Agent:		·
I hereby accept the appoint provisions of all statutes re accept the obligations of m being filed to merely reflec- company has been notified	tment as registered agent lative to the proper and a y position as registered a t a change in the register	t and agree to act in this c complete performance of i agent as provided for in C red office address, I hereb	my duties, and I am hapter 605, F.S. Or	familiar with and if this document is

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KAREN LASHTON	1601-1 N MAIN ST #3159	□Add
		JACKSONVILLE, FL 32206	
			□Change
		<del></del>	□Add
		<del></del>	Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	□Change
	· · · · · · · · · · · · · · · · · · ·		
			□Remove
			Change
			DAdd
			□Remove
			□Сһалде

	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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lf an effective <u>Note:</u> If the	ate, if other than the date of filing:
record sperd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10-23 . <u>2023</u> .
<b>X</b> -	Signature of a member or authorized representative of a member
	- ·
	Dwayne E Jackson Sr Typed or printed name of signee