

To:

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2024-05-23 12:28:45 UTC+14

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From: ZenBusiness User

5/22/24, 5:20 PM

Division of Corporations

L84000030560

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
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MAY 23 2024

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Corporate Filing Menu

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COVER LETTER

H24000184150 3

TO: Registration Section
Division of Corporations

SUBJECT: CyberRx 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:

Diego Cruz
Name of Person
ZenBusiness INC
Firm/Company
336 E. College Ave Suite 301
Address
Tallahassee, FL 32301
City/State and Zip Code
fulfillment@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC
844 493-6249
at ()
Name of Person Area Code Daytime Telephone Number

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

H24000184150 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000184150 3

CyberRx 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 2024-01-16 and assigned
Florida document number L24000030560.

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:

1208 Ruby Road Venice, FL 34293

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1208 Ruby Road Venice, FL 34293

(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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Christian Howell	8164 Natures Way Unit 31	<input type="checkbox"/> Add
		Lakewood Ranch, FL 34202-4136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christian Jordan Howell PHD	1208 Ruby Road Venice, FL 34293	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christian Jordan Howell PHD	1208 Ruby Road Venice, FL 34293	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kaylee Marie Eckelmann	15537 White Linen Dr. Bradenton, FL 34211	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

