## Leuco223919

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CYPERSPHERE CONSULTING, LLC  SUBJECT:  Name of Limited Liability Company						
Please re	eturn all correspo	indence concerning this matter	to the following:			
		ANAMARIA LOPEZ				
			Name of Person			
			Firm/Company			
5801 ARLINGTON RIVER DR						
Address				~		
		LAKELAND, FL 33811				
	City/State and Zip Code					
		ADA@ARRTAX.COM	to be used for future annual report not	ification) SSS A		
For furt	her information c	oncerning this matter, please of	•	SEE. FL		
ANAMARIA LOPEZ			407 716-7211	ਮੁੱਦ ਪੁੱਦ		
<u> </u>	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclose	d is a check for th	ne following amount:				
□ \$25	i.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		<u>Street Address:</u> Registration Se	ection			
	Division of C	Corporations	Division of Co	Division of Corporations		
P.O. Box 6327		The Centre of				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYPERSPHERE CONSULTING, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	ds,)
The Articles of Organization for this Limited Liability Comp	any were filed on 05/14/2024	and assigned
Florida document number L24000223819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
CYPHERSPHERE CONSULTING, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>-</del>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SSS A TANK
Maning address Mill Districts Of the Down		mes -
		Fig. 3
B. If amending the registered agent and/or registered offi	ico addrass on our records, entes	r the name of the new registe
agent and/or the new registered office address here:	ice address on our records, <u>ence</u>	The name of the new registr
<del>-</del>		
Name of New Registered Agent:		
Nam Banistarad Office Address.		
New Registered Office Address:	Enter Florida street addre	uss .
	F	lorida
	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>	Name	Address	Type of Action
		<del></del>	□Add
			□Remove
			☐ Change
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			□ Change
			🗀 Add
			Remove
			Change  ANY  SEE STATE  Addi
			□Remove
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			□Remove
			□Add
			□Remove
			Fi Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated JUNE 4 2024 Signature of a member or authorized representative of a member ANAMARIA LOPEZ Typed or printed name of signee