

L20000 248400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

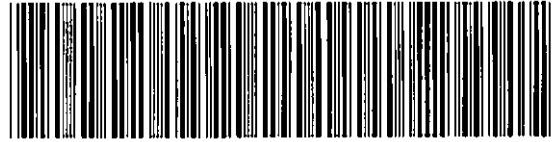
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 16 2022

Office Use Only



500391505655

PROPOSED
2022 AUG 15 PM 2:49
TALLAHASSEE, FL

FILED
2022 AUG 15 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL



Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corpshelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 8/15/2022 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1061633

ORDER ENTITY
MISSION CRITICAL SYSTEMS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MISSION CRITICAL SYSTEMS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

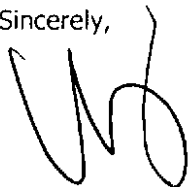
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

FILED
2022 AUG 15 AM 8:40

Mission Critical Systems, LLC

(Name of the Limited Liability Company as it now appears on our records, TALLAHASSEE, FL)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 24, 2020 and assigned Florida document number L20000248406.

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:

(Principal office address MUST BE A STREET ADDRESS)

6499 Powerline Road

Suite 101

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6499 Powerline Road

Suite 101

Fort Lauderdale, FL 33309

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:

Steven Walsh

New Registered Office Address:

6499 Powerline Road

Enter Florida street address

Fort Lauderdale

City

Florida 33309

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.

Steven Walsh
Steven Walsh
Walsh

Digitally signed by
Steven Walsh
Date: 2022.08.12
14:16:06 -04'00'

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	Steven Walsh	6499 Powerline Road	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Change
AMBR	Kin Mitra	5655 Peachtree Pkwy	<input checked="" type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Norcross, GA 30092	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: August 12, 2022 **(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 August 12 2022

Steven Walsh

Steven Walsh

Digitally signed by Steven Walsh
Date: 2022.08.12 14:16:45 -04:00

Signature of a member or authorized representative of a member

Steven Walsh

Typed or printed name of signee