

L05000066910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY -3 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
MAY 04 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 790981 8272218

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2021

ORDER TIME : 1:10 PM

ORDER NO. : 790981-005

CUSTOMER NO: 8272218

DOMESTIC AMENDMENT FILING

NAME: CRITICAL SYSTEM SOLUTIONS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Critical System Solutions, 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:

Michael Dawid

Name of Person

Sciens Building Solutions, LLC

Firm/Company

5925 Stoneridge Dr.

Address

Pleasanton, CA 94588

City/State and Zip Code

mdawid@sciensbuildingsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Dawid

817 304-7384

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MGR	David Kirk	2830 SCHERER DR, SUITE 300	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danielle Lalli	500 GRISWOLD, Suite 300, Detroit MA 48226	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brian Russel	500 GRISWOLD, Suite 300, Detroit MA 48226	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Herb Donat	2830 SCHERER DR, SUITE 300.	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33716	<input type="checkbox"/> Remove
		-> GM. Last name was spelled incorrectly, pls correct.	<input checked="" type="checkbox"/> Change
MGR	Steve Sherman	2830 SCHERER DR, SUITE 300.	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33716	<input type="checkbox"/> Remove
		-> Listed as GM. change to "District Manager"	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

[Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00