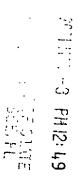
105000066910

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ 9°CK, JP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Codies Certificates of Status
Special Instructions to Eiling Officer

Office Use Only



100365472211



2021 HAY -3 PH 2: 20

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 790981 8

COST LIMIT : \$25/00

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

	gistration Sect ision of Corpo			
	Critical Syste	m Solutions, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please returr	all correspond	lence 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@sciensbuildingsol		70
r car			to be used for future annual report notif	ication)
for further ii	ntormation con	cerning this matter, please co	all:	
Michael Dav	wid		817 304-7384 at ()	
	Name of P	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)
	check for the	following amount: ☐ \$30.00 Filing Fee &	S55.00 Filing Fee & Certified Copy	S60.00 Filing Fee Certificate of Sta Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Critical System Solutions, 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 7/1/2005 and assigned Florida document number ______L05000066910 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) Enter new mailing address, if applicable: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Address	Type of Action
MGR	David Kirk	2830 SCHERER DR, SUITE 300	□Add
		ST. PETERSBURG FL 33716	= Remove
			□Change
MGR	Danielle Lalli	500 GRISWOLD, Suite 300, Detroit MA 48226	□Add
			= Remove
			🗆 Change
MGR	Brian Rassel	500 GRISWOLD, Suite 300, Detroit MA 48226	_ ≅ Add
			□Remove
			_ □Change
MGR	Herb Donat	2830 SCHERER DR, SUITE 300.	_ 🗆 Add
		ST. PETERSBURG FL 33716	_ □Remove
		-> GM. Last name was spelled incorrectly, pls correct	_ ■Change
MGR 	Steve Sherman	2830 SCHERER DR, SUITE 300,	_ 🗆 Add
		ST. PETERSBURG FL 33716	_ □Remove
		-> Listed as GM. change to "District Manager"	_ ■ Change
	 		_ 🗆 Adđ
			_ □Remove
			□ Change

							
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fective date, if oth an effective date is liste ote: If the date inser ocument's effective of	rea in mis clock a	OCS HOLISICCI III	ic applicable	te of filing or n statutory filin	ore than 90 days g requirements	optional) after filing.) Purst , this date will n	ant to 605.0207 ot be listed as
record specifies a del is filed.	ayed effective date	. but not an eff	ective time,	at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
ated April 30th		202	:1				
/1	L. Di	 ·	·				
	Siuna	ture of a member	r or authorized	representative	of a member		

Filing Fee: \$25.00