L050000 66910

(Ře	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	 = #)
PłCK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Special Instructions to	Filing Officer.	

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 177463 4306747 AUTHORIZATION COST LIMIT : \$ 25 ORDER DATE: December 2, 2022 ORDER TIME : 9:35 AM ORDER NO. : 177463-005 CUSTOMER NO: 4306747 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

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration S Division of Co				
	ystem Solutions LLC			
SUBJECT: Name of Limited Liability Company				
The analoged Assistance	of Amendment and fee(s) are sub	amitted for filing		
	condence concerning this matter	_		
	Janice Harmon			
		Name of Person		
	H' IID	7.13.110 01.10.30.11		
	Honigman LLP	Firm/Company		
		rim/Company		
	660 Woodward Ave., Ste.			
		Address		
	Detroit, MI 48226			
		City/State and Zip Code		
	jharmon@honigman.com		· · · · · · · · · · · · · · · · · · ·	
		to be used for future annual report not	itication)	
For further information	concerning this matter, please of	all:		
Janice Harmon		313 465-8214 at ()		
Name	of Person		ne 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)	
P.O. Box 63	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7	rporations Fallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81		e succi, suite 810		

Tallahassee, FL 32303



RECEIVED 2022 DEC -6 PM 3: 48

FLORIDA DEPARTMENT OF STATE TALLAHASSEE. FLORIUS

December 6, 2022

CSC

RESUBMIT Please give original submission date as file date.

SUBJECT: CRITICAL SYSTEM SOLUTIONS LLC

Ref. Number: L05000066910

We have received your document for CRITICAL SYSTEM SOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles of the last two managers is cut off.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 522A00026963

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2027 DEC -5 AM 9: 22

Critical System Solutions LLC	TATTATI
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALLAHASSEE, FL
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:	
Sciens Tampa Bay LLC	
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)	
	. <u></u>
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 registeres
agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florid	a
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 furthe provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	am familiar with and Or, if this document is

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
C00	Kurt Schoonover	5925 Stoneridge Dr.	= Add
		Pleasanton, CA 94588	□Remove
			☐ Change
Gen MGR	Kevin Fisher	5925 Stoneridge Dr.	= Add
		Pleasanton, CA 94588	□ Remove
			□Change
Reg MGR Scott Rheau	Scott Rheaume	5925 Stoneridge Dr.	BAdd
		Pleasanton, CA 94588	□Remove
			□Change
			
			□Remove
			□Change
		<u></u>	DAdd
			□Remove
			Change
			□Add
			□Remove
			DChange

D. If ame	ending any oth	information, enter	change(s) here:	(Attach additi	onal sheets, if n	ecessary.)		
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(If an eff <u>Note:</u>	ective date is listed, If the date inserte	r than the date of filing the date must be specific and in this block does not to on the Department of	nd cannot be prior to meet the applical	odate of filing or role statutory filing	nore than 90 days at	otional) fter filing.) Pursuan this date will not	it to 605.020 be listed a	7 (3)(b s the
If the recor		yed effective date, but no	ot an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th d	ay after the	:
Dated	November 30		2022	_•				
	terry t	teath	a member or author					
	Terry Heath	Signature of a	a member or author	izea representativ	e of a member			
			Typed or printed	name of signee				

Filing Fee: \$25.00