Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

AHG - 4 PM 12: 2

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMICON CS, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

Y SULKER

AUG . 5 2020

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amicon CS, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000207585</u>	were filed on 11/04/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Origin CS, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		·	
		020	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Truthing dualess MAT BE A FOST OFFICE BOA)		> T	
	 		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
water the same and a s		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office o	performance of my duti rovided for in Chapter	ies, and I am familiar with and 605, F.S. 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>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
		☐ Change	
			□Add
			□Remove
			☐ Change
			CJAdd
			□Remove
			□Change
			□Add
			□Change
	·		□Add
			□ Петоус
			Change
			□Add
			□Remove

<u></u>	
	
If an effective date Note: If the dat	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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
e record specific ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
	Caitlin Lazarus
	Signature of a member or authorized representative of a member
Cait	in Lazarus, Attorney-in-Fact
	Typed or printed name of signee

→ 18506176383

Filing Fee: \$25.00