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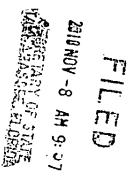
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COVER LETTER

TO:	Registration S Division of Co					
CIBIL	zerr.					
SUBJI		Name of Lin	iited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			FRANCISCO ARIAS		調き工	
			Name of Person			
	Division of Corporations CODEBLOCKS LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: FRANCISCO ARIAS					
			Firm/Company		6. 6	
		3870	GRANDPINE WAY, APT :	310	多 1	
			Address		-	
		CASSEI	LBERRY, FLORIDA. ZIP 1	32707		
			City/State and Zip Code	,	-	
		E-mail address: (to be used for future annual repo	rt notification)		
For fur	ther information of	concerning this matter, please c	all:			
	FRANCI	SCO ARIAS	at (954)	5051965		
	Name (of Person	Area Code U	Daytime Telephone Number	 	
Enclose	ed is a check for t	he following amount:				
□ \$2 <i>5</i>	5,00 Filing Fee		Certified Copy	Certifica () Certified	te of Status & Copy	
	Regist	ANG ADDRESS: ration Section	STREET/CO Registration : Division of C			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODEBLOCKS 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 September 07, 2018 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: URSPRUNG LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviallon "LLC".
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".
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, <u>enter the name of the new registered agent and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Emer Florida street address
. Florida

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name | <u>Address</u> Type of Action ☐ Remove ☐ Change _□ Add □ Remove _ Change **配** Add _ 🗀 🚔 ange ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Signature of a member or authorized representative of a member	Dated November	15+	2018			
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Filing Fee: \$25.00