119000 207692

(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificate:	s of Status
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SECRETARY UP STATE TAIL AHASSEE EN OSIE.

SEP 1 8 2019

COVER LETTER

EQUINE A	BSORBEZZ, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:			
	MARSHA SIHA		
	INCFILE.COM LLC	Name of Person	
	17350 STATE HWY 249 S	• •	
	HOUSTON, TX 77064	Address	
		М	
For further information c		·	fication)
MARSHA SIHA			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUINE ABSO	RBEZZ, LLC			
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our reability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company vi Florida document number L19000207692	were filed on		and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
EQUISORB LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation '	"LLC" or the a	bbreviation "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:			<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered office address here:		ords, <u>enter</u>	the name o	f the r
Name of New Registered Agent:			ALION SECTION	
New Registered Office Address:			SEP CRET	Ti
	Enter Florida street ad		3355	1
	City	_, Florida	Zin Code	111
New Registered Agent's Signature, if changing Registered Agent:	•		08: 25 8: 25	<u> </u>
I have been a second about a second and a second a second and a second a second and		10.1		

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.

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 a or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
	 		
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

Effective date, if other than the date of filing: In a reflexive date, if other than the date of filing: In 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 force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records. The effective date and the department of State's records. The 90th day after the record is filed. Dated AUGUST 21 2019 Jane County Sphattage of a member or authorized representative of a member JARED COOPER - AMBR					
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated AUGUST 21 2019 Signature of a member or authorized representative of a member					
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Page 3 of 3

Filing Fee: \$25.00