L19000210337

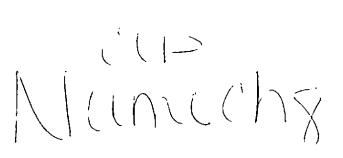
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COVER LETTER

	istration Sec sion of Corp	porations		
SUBJECT:	Lipaint LLC			
30030C1.		Name of Limi	ted Liability Company	
			No. 10 Miles	
		Amendment and fee(s) are subj	_	
Please return	an correspor	ndence concerning this matter t	to the following:	
		lisvany alvarez		
			Name of Person	
		lipaint		
			Firm/Company	
		6040 forest hill blvd apt 10	6	
			Address	
		west palm beach FL 33415		
			City/State and Zip Code	
		lisvanyam@gmail.com E-mail address: (1	o be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	dl:	•
lisvany alvar	ez		561 5615774321	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F		■ \$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)
	ling Address		Street Address: Registration Sect	tion

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

Lipaint LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000210337</u> .	npany were filed on 08/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
OnCS LLC		
he new name must be distinguishable and contain the words "Limitec	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
Principal office address MUST BE A STREET ADDRES	SS)	
		تر, دی
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		 پن
3. If amending the registered agent and/or registered of the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter th</u>	e name of the new registe
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
-	Cuv	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 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Change
		-	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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te: If the date	other than the date listed, the date must be inserted in this blockive date on the Department.	k does not meet	the applicable	ate of filing or mores statutory filing	(opti e than 90 days afte requirements, thi	onal) r filing.) Pursuant to s date will not be	605.020 listed a
ecord specifies s filed.	a delayed effective c	late, but not an e	effective time.	at 12:01 a.m. or	the earlier of: (t) The 90th day :	after the
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Filing Fee: \$25.00