To: 18506176381 From: 19165767036 Date: 09/29/21 Time: 10:15 PM Page: 02/05

9/29/21, 3:12 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003655363)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone Fax Number

: (916)576-7000 : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COVEN CLOUD LLC

| Certificate of Status | 0 |
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OCT - 1 2021

S. PRATHER

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Help

To: 18506176381 From: 19165767036 Date: 09/29/21 Time: 10:15 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | | E.G. T. |
|--|--|-------------------------|----------------------------|
| Coven Cloud LLC | | | |
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appe Liability Company | ears on our records.) | |
| Ç | , | • | |
| The Articles of Organization for this Limited Liability Compan | y were filed on _ | 08/18/2021 | and assigned |
| Florida document number <u>L21000371395</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company | here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the | designation "LLC" or il | ne abbreviation "L.L.C." |
| 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, enter the r | name of the new registered |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Fl | orida street address | |
| | , Florida | | |
| | City | , | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | | |
| I hereby accept the appointment as registered agent and ag | ree to act in this | capacity. I further | agree to comply with the |
| provisions of all statutes relative to the proper and complete | e performance o | of my duties, and I a | m 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

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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 |
|--------------|----------------|-----------------------------|----------------|
| AMBR | Molly Hogan | 1725 2nd Ave SW Apt 418 | &Add |
| | | Minot, ND 58701 | |
| | | | Change |
| AMBR | Lauren Manicke | 3621 Pitzen Rd | W Add |
| | | Johnsburg, IL 60051 | Remove |
| | | | Change |
| AMBR | Norah Dawson | 21 Lincoln St | |
| | | Lake in the Hills, IL 60156 | □Remove |
| | | | DChange |
| | | | □bbA□ |
| | | | □Remove |
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To: 18506176381 From: 19165767036 Date: 09/29/21 Time: 10:15 PM Page: 05/05

| D. It affices | | | Attach additional sheets, if nec | essa y.) | _ | | |
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| Note: If | e date, if other than the date tive date is listed, the date must be sp 'the date inserted in this block do it's effective date on the Departu | ocs not meet the applicable | (option of filing or more than 90 days after statutory filing requirements, this | filing.) Pursuant to 60 | 5.0207 (3 ted as th | Х Ь) с | |
| If the record record is filed | , | , but not an effective time, | at 12:01 a.m. on the earlier of: (b |) The 90th day afte | er the | | |
| Dated _ | September 22 | . 2021 | | | SECKET ALLAHA | 2021 SEF | -77 |
| | Signal | Megan P | | | TARY (ASSEE | SEP 30 | FILED |
| | Megan Killion | | | | of STAT | PM I: | D |
| | | Typed or printed na | ine of signee | | 四二 | | |

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