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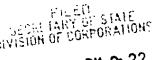
T. MATTHEWS MAY 3 1 2022

COVER LETTER

то:	Registration Se Division of Cor		,	
CUBIE	10rigin, LI	LC	*	" 1
SUBJE	L1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspe	ondence concerning this matter	to the following:	
		Vernon L. Webster		
			Name of Person	
		lOrigin, LLC		
		·	Firm/Company	
		9 Lewisdale Lane		
			Address	
		Palm Coast, FL 32137		
			City/State and Zip Code	
		vwebster@loriginllc.com		
		E-mail address: (to be used for future annual report no	tilication)
For furth	ier information c	oncerning this matter, please c	ail:	
Pairin L	ancaster		904 629-9889	
	Name o	f Person		me Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	.00 Filing Fee	☐ \$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)
	Mailing Address Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

TO STATE SECRETARY OF STATE STATE STATE STATE STATE SECRETARY OF STATE STATE SECRETARY OF SECRETAR



Company as it now appears on or nited Liability Company)	ur records.)
pany were filed on December	and assigned
liability company here:	
Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
<u> </u>	
	
ffice address on our record	s, enter the name of the new registere
Enter Florida str	vet address
some s north and	
City	, Florida Zip Code
	pany were filed on December Bliability company here: Liability Company here: Liability Company the designate state of the

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
AMBR	Dokmai Webster	135 North Fairfax Street, Falls Church VA 22046	□Add
			Remove
		 	DChange
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove

	C. Transfer of Ownership document has been executed. Amended Operating
has also been executed.	
	· · · · · · · · · · · · · · · · · · ·
·	
ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	date of filing:
record specifies a delayed effective Lis filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
, April 14	2022
ated April 1	(10)//

Filing Fee: \$25.00