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.

(((H23000232699 3)))



H230002326993ABC3

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 : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803 : (855)330-1010

Fax Number

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

mail	Address:	 	 	 	
		 	 	 	 •

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DSC US LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUL - 5 2023

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSC US LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/06/2022	and assigned
Florida document number L22000511541		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Emancipia LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		75.23 75.23 75.23
Enter new mailing address, if applicable:		JUN 30 PH 12: 24 RETARY OF STATE NHASSEELFLORID
Mailing address MAY BE A POST OFFICE BOX)		24 (1)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registered
agent and/or the new registered ornee address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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
			□Add
			□Remove
			□Change
			\ \_Add
			□Remove
			OCHANGE AHAMINA 30
			JUN 30 PM I2: 24
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets,	if necessary.)
<del></del>		
<del> </del>		
<del> </del>		22
		2023 JUN 30 \$30 SELARY \$40 A HASS
18.00		UN 30
		PM 12: 24 OF STATE E THORTO
		IAI (
<del> </del>	···	
Note: If the date inserted in thi	he date of filing:  must be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirements. Department of State's records.	(optional) ys after filing.) Pursuant to 605,0207 (3)(b) its, this date will not be listed as the
the record specifies a delayed efference of the record is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated June 30	. 2023	
	Signature of a member or authorized representative of a member	4-4
	Nat Smith Typed or printed name of signee	

Filing Fee: \$25.00