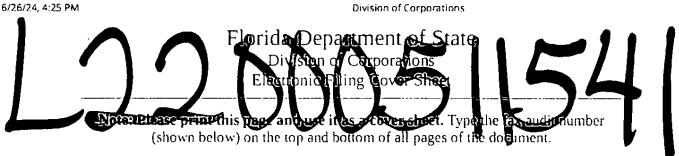
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

≧Ëmail Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMANCIPIA LLC**

Certificate of Status	0
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M. SOLOMON

JUN 27 2024

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Help

To: 18506176383 Page: 2/4

Fax: 8134365205

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

 E_{A} OF مزء EMANCIPIA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 100 . . . The Articles of Organization for this Limited Liability Company 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 limited liability company here: DSC US LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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) Acre. i m. B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Office Address: Enter Florida street address

CHY

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

Df

The

6/26/2024 16:28 36 PDT

Ta: 18506176383

Page: 3/4

Fax: 8134365206

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
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