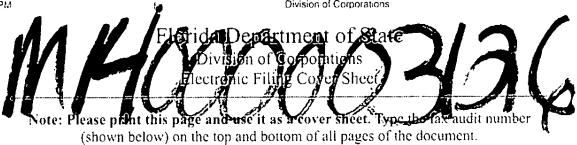
11/14/24, 3:28 PM

Division of Corporations



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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

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...T. LEMIEUX NOV 15 2024

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of State: State: Hue Origin, LLC	
ter new principal office address, if applicable:	- -
incipal office address UST BE A STREET ADDRESS)	<u> </u>
ter new mailing address, if applicable: ailing address AY BE A POST OFFICE BOX)	<u> </u>
The Florida document number of this limited liability company is: M14000003126	
Jurisdiction of its organization: Washington	
Date authorized to do business in Florida: 05/07/2014	
CTION 11 (5-9 complete only the applicable changes)	
New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C" or "tel	.C.")
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack of the written consent of the managers or managing members adopting the alternate name. The alternate st contain "Limited Liability Company," "L.L.C." or "LLC.") f amending the registered agent and/or registered officer address on our records, enter the name of the purpose of transacting business in Florida and attack of the written and the alternate name. The alternate st contain "Limited Liability Company," "L.L.C." or "LLC.")	e nam
me of New Registered Agent:	
w Registered Office Address: Enter Florida Street Address	_

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 the amendmen		y in accordance with 605.0902 (1)(e), indicate that c	hange:
itle/ Capacity	<u>Name</u>		ype of Action
AMBR C	ory Collins	21218 76th Ave S.	= Add
		Kent, WA 98032	□Remove
_ 			□Add
			LIRemove
		····	□Add
			□Remove
			□Add
			□Remove
			□Add
aforementioned	rtificate, if required: no more the amendment(s), duly authenticate or the law of which this entity is	ed by the official having custody of records in the	□Remove

Filing Fee: \$25.00

Typed or printed name of signee