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T	O: Registration Se Division of Cor			
CI.	ADVANCE	ED CENTRAL LABS, LLC	•	
St	JBJEC1:	Name of Lim	ited Liability Company	
Τŀ	ne enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pl	ease return all correspo	ndence concerning this matter	to the following:	
		Adnan Nasser		
			Name of Person	
		Sapphire Accounting & Ta	x Solutions	
			Firm/Company	
		3 Parklane Blvd Ste 1005W	V	
			Address	
		Dearborn, MI 48126		
		Adnan@sapphiretax.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
Fo	r further information co	oncerning this matter, please ca	ill:	
Ad	inan Nasser		313 673-5433	
	Name of	Person	Area Code Daytime	Telephone Number
En	closed is a check for th	e 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Central Labs, LLC	
(<u>Name of the Limited Liability Company as it now appears on our rec</u> (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on 11/09/2015 Florida document number L15000189439	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Advanced Central Laboratory, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	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:	
Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the
registered agent and/or the new registered office address here:	many,
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address: Enter Florida street address	<u> </u>
Enter rioriaa street aad	aress T
	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
			Add
			Remove
			Change
			Remove
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			Change
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			Change

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tive date, if other than th	e date of filing:	(optional)	
: If the date inserted in this l	ust be specific and cannot be prior to date of follock does not meet the applicable statust Department of State's records.	filing or more than 90 days after filing.) Pursultory filing requirements, this date will no	ant to 605.6 of be listed
ecord specifies a delayer e 90th day after the re		ective time, at 12:01 a.m. on th	e earlie
d MAY 24	, 2016		
Sam 4, 94	And		
	Signature of a member or authorized repre	C	

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Typed or printed name of signee

Filing Fee: \$25.00