

46000061905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

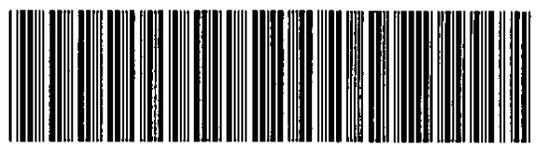
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000290503330

09/27/16--01003--017 **25.00

SEP 28 2016
S. YOUNG

TALLAHASSEE, FLORIDA

2016 SEP 26 AM 8:09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 26 PM 3:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: mobile analysis
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trevor Hassen
Name of Person
mobile analysis
Firm/Company
6050 Hensei Rd
Address
Port Orange FL 32127
City/State and Zip Code
mobile.analysis@gmail.com
E-mail address: (to be used for future annual report notification)

16 SEP 26 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Trevor Hassen at (386) 846-7598
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

TO
ARTICLES OF ORGANIZATION
OF

Mobile analysis

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/28/16 and assigned Florida document number 16000061905.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mobile Urinalysis 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:

6050 Hensel Rd.

(Principal office address MUST BE A STREET ADDRESS)

Port Orange, FL 32127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 26 PM 3:33

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

_____, 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.

Teresa Hesser

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Trevor Hassen	6050 Heasel Dr.	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacob Shannon	1206 David Dr.	<input type="checkbox"/> Add
		Daytona Beach FL	<input checked="" type="checkbox"/> Remove
		32119	<input type="checkbox"/> Change
AMBR	Steven Demitta	1963 Country Club	<input checked="" type="checkbox"/> Add
		Drive. Port Orange	<input type="checkbox"/> Remove
		FL 32128	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 2010 PM 33

Lined area for document content.

16 SEP 25 PM 3: 03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 15th, 2016.

Trevor Hassen

Signature of a member or authorized representative of a member

Trevor Hassen

Typed or printed name of signee