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(Red	questor's Name)	
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COVERTELLER

TO:	Registration Sec Division of Cor			
SUBJEC	········	Advance	WO 66	C
SUBJEC	. 1	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and feets) are sub	mitted for filing.	
Please re	num all correspo	ndence concerning this matter	to the following:	
•		M	Chalia Barron	cks
			Name of Ferson	
		Stalvis	THE MQ FIRM COMPANY	LCC
			Firm Company	
		3605 NI	E 207.57	# 4209
				<u> </u>
		Aventur	is FC 3:	3/80
			(10) S1314 300 Z10 (3)34	
		E-mail address.	U 29 9 MESUCG to be used for future annual rep	port notification)
For furth	er information co	oncerning this matter, please co	all:	
1	Vatal	a Back	at , 954 , 6	62 5044
•	Name of	Person	Area Code	Daytime Telephone Number
		e following amount:		
S \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Statu ed) Certified Copy •additional copy is encl
	Registra	NG ADDRESS: ntion Section n of Corporations	Registration	OURIER ADDRESS: Section Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clirton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

Advance a	42 666	
Name of the Limited Liability Company (A Florida Limited Liab		
The Articles of Organization for this Limited Liability Company we Florida document number $219002270/4$	ere filed on <u>09/09/19</u>	anc
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabilit</u>	v company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrevi	3110
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BON) B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter-the	nate
New Registered Office Address:	Enter Florida street address	
	Enter 2 fortal siree, ann ess	
	Florida	'ıp C
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am famili vided for in Chapter 605, F.S. Or, if th	lien is c
If Changin	ig Registered Agent, Signature of New Register	red

Page 1 of 3

	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type
MGR	KERIKAITE, RAIMONDA	3605 NE 207th ST	
		# 4209	- 7°F
		AVENTURA FL 33/80	-ite
Mar	GENETIC DIAMENTIC LABS	3605 NE 207155T	- X-
		# 4209	
		AVENTURA, FL 33/80	
			4
			□ R:
			 Ct:
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			 □ R:
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			 D R+
			 _□ Ct:
			[] Ad
			Cn.

of lemosed from our records.

_	Please Remode MOR KORIKATE KAINS
	and Replace with
•	Glesse Remode MGR Roxikate Rajmos and Replace with Genetic Otagnostic Cabs /re
•	
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,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: ective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.
Dated	09/21 2019
	Signature of a member of authorized representative of a member
	Westerf C Bocker Typed or printed name of signee
	Typed or printed name of signee
	\

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