NO1000012779

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SECRETARY OF STATE
TALLAHASSEF FILES

COVER LETTER

	Registration Se Division of Cor			2 <i>P</i> *
CHINTIC		CONTROLLAB, LLC		· t
SUBJEC	:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Nouvelle L. Gonzalo, Esq.		
		<u> </u>	Name of Person	
		Gonzalo Law		
			Firm/Company	
		4111 NW 16th Blvd. PO B	OX #357834	
			Address	
		Gainesville, FL 32635		
		ngonzalo@gonzalolaw.com	City/State and Zip Code	
		- -	to be used for future annual report r	notification)
For furth	er information c	oncerning this matter, please co	aH:	
Nouvelle	e L. Gonzalo, Es	q.	216 527-7777	
_	Name o	r Person	at () Area Code Day	time Telephone Number
Enclosed	l is a check for th	he 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 Addres		Street Address	
	Registration 5 Division of C		Registration Division of C	
	P.O. Box 632	-		if Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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DIGITAL CONTROL LAB, LLC

SECRETARY OF STATE ALLAHASSEE, FLOR

(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 Comp Florida document number $\frac{1.01000012779}{1.01000012779}$.	pany were filed on <u>07/03/2001</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
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 ADDRES.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres	s .	
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:		
I hereby accept the appointment as registered agent and	Lauree to act in this canacity. I fu	rther agree to comply with t	

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 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>	<u>Address</u>	Type of Action
MGR	JAIME RAMIREZ	4647 NW 6th St.Suite E	≡ Add
		Gainesville, FL 32609	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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<u> lote:</u>	ve date, if other than the date of filing:	207 (3)(Las the
record d is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.	he
Dated	December 27th 2021	
, iii Cu	$\frac{1}{2}$	
	Signature of a member or authorized representative of a member of a member	nta

Filing Fee: \$25.00