## 108000086623

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## COVER LETTER,

17171	ision of Cor	porations		
SUBJECT:	SJS Enterpr			
onder.				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
rease return	an correspo	Sondra J. Pacey	to the following.	
		The Pipette Solution	Name of Person	
		1710 Count Bus Drive	Firm/Company	
		1749 Grand Rue Drive	Address	
		Casselberry, FL 32707		
		sondra.pacey@thepipettcsol	City/State and Zip Code iution.com	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (	to be used for future annual report notification	ation)
For further in	iformation co	oncerning this matter, please ca	all:	
Sondra J. Pac	cey		321 356-3220 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO: Registration Section

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

SJS Enterprises, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records ited Liability Company)	.)
The Articles of Organization for this Limited Liability Comp	any were filed on 09-11-2008	and assigned
Florida document number L08000086623		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The Pipette Solutions, LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	)
	<del></del>	a a a
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, P .TI
Maning undress MAT DE A TOST OF FICE BOAY		
	-	<u> </u>
B. If amending the registered agent and/or registered	d office address on our records	enter the nume of the ne
registered agent and/or the new registered office address		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	- <del></del> , Flo	rida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			□ Remove
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The 90th day after the record is filed.		
Dated September 25. 2018.  India Tacey  Signature of a member of a member of a member.		
Signature of a member of a uthorized representative of a member	Dated	September 25. 2018.
Signature of a member of authorized representative of a member	Duice	
	Daice	C, $TD$ .

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00