

L69600058240

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10 APR 15 PM 12:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

APR 16 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affordable Lab Tests New LLC
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:

Alexandra Weixler
Name of Person

Affordable Lab Tests
Firm/Company

4140 US Hwy 19 N
Address

New Port Richey, FL 34652
City/State and Zip Code

AWeixler @ 40L.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Weixler at (727) 278-3166 / 727-848-9800
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Affordable Lab Tests Now LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 15 PM 12:12

The Articles of Organization for this Limited Liability Company were filed on June 11, 2009 and
Florida document number LO9000058240.

This amendment is submitted to amend the following:

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

Lab Ventures LLC

The new name must be distinguishable and end with 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 ADDRESS)

4140 US Hwy 19 N
New Port Richey FL 34652

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Alexandra Weixler

New Registered Office Address:

4140 US Hwy 19 N

Enter Florida street address

New Port Richey

City

Florida

34652

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 608, 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.

Alexandra Weixler
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 APR 15 PM 12:18

Dated 4/13, 2010

Alexandra Wexler
 Signature of a member or authorized representative of a member

Alexandra Wexler
 Typed or printed name of signee