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DC

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	PACM BEACT	Hi DRUG H. Liability Company	TESTING	
The enclosed Articles of	Amendment and fee(s) are submi	ued for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	RUBE	Name of Person	NTHER	
	PALM ;	SEACH DO	CUE TESTIN	- E-
	151 N	O RTHAM Address	pton it	
	PW GUN E-mail address: (w)	City/State and Zip Code	EACH, FC HOO. COM	33417 1
For further information	concerning this matter, please call			
RCHERT Name o	GUNTIER of Person	at (1) (1) See Area Code Day	time Telephone Number	
Enclosed is a check for	the following amount:			
55.00 Filing Fec	S30.00 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)	
Regisi Divisi P.O. I	ING ADDRESS: tration Section on of Corporations lox 6327 assec, FL 32314	STREET/COU Registration Set Division of Cor Clifton Building 2661 Executive Tatlahassee, FL	porations B Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as It now appears on our records.

(A Florida Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Single Company.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST RE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

City

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 = Manager
AMBR = Authorized Member

Title Name Address Type of Action

TWO BR ROBERT GUNTHER

FMBR	RUBERT GUNTH	iec	
		151 NORTHAMPTO	u H Remove
		WEST PARM BROW	
		FLORIDA	
		33417	□ Remove
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			C Remove
			☐ Change
 -			Add
			Remove
			C Change
			D Add
			Remove
			D Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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 7-31. 2019
Makint Funtter-
Signature of a member or authorized representative of a member
ROBERT GUNTHER
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00