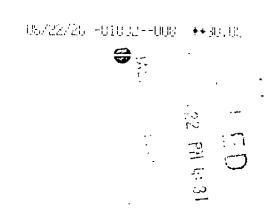
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
CHD IPCT.	alytical Imaging Solutions, LLC	·				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Tatyana Zhukova					
		Name of Person	<u> </u>			
	Florida Analytical Imaging	Solutions, LLC				
		Firm/Company				
	1882 Pine Ridge Way Wes	st, Unit A-2				
		Address				
	Palm Harbor, FL 34684					
		City/State and Zip Code	<del></del>			
	tatyana.zhukov@gmail.com					
	E-mail address: (	to be used for future annual report	notification)			
For further information c	oncerning this matter, please ca	all:				
Tatyana Zhukova		813 382-2953	3			
Name o	f Person	Area Code Da	ytime Telephone Number			
Enclosed is a check for the	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 Section		Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327			of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 22 PM 4: 31

Florida Analytical Imaging Solutions.		TALL COMMERCE	
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liab Florida document number L13000021065			and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:	<b>9</b>
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	1882 Pine Ridge Way West, Unit A-2	
(Principal office address MUST BE A STREET		Palm Harbor, FL 34684	(2)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<i>0X</i> )	1882 Pine Ridge Way West, Unit A-2 Palm Harbor, FL 34684	1: 1: 3 1: 3 
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	gistered office a here: Tatyana Zhukov		me of the new registered
	Palm Harbor	, Florida <sup>3</sup>	4684
		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 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>	Address	Type of Action
MANAGER/ OWNER	Tatyana Zhukova	1882 Pine Ridge Way West, Unit A-2 Palm Harbor,	FL 🗃 Add
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			June 1.	2020				
	date, if other that we date is listed, the d		ılıng:		Clina as more t		ional)	t 605 0207 i
	he date inserted in							
ocument	's effective date on	the Department	of State's reco	ords.				
	oecifies a delayed e	ffective date, but	not an effecti	ve time, at 12	:01 a.m. on th	ne earlier of: (	b) The 90th (	day after the
is filed.								
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Filing Fee: \$25.00