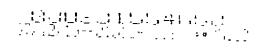
## 14000149050

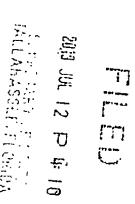
(Requestor's Name)
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### **COVER LETTER**

	Registration Se Division of Cor							
211D 1E7	INNOVATIVE LABORATORY SOLUTIONS, LLC  CCT:  Name of Limited Liability Company							
SUBJE.C	.1:	Name of Lim	ited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
		CHRISTOPHER PARREI	LLA					
		Name of Person INNOVATIVE LABORATORY SOLUTIONS, LLC						
			Firm/Company					
			Address					
		E-mail address: (	to be used for future annual report no	tification)				
For furth	er information co	oncerning this matter, please c	all:					
MARIE	THA MORALES	S	305 358-4500 at ()					
	Name o	f Person		me Telephone Number				
Enclosed	is a check for th	ne following amount:						
<b>■</b> \$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)				
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Sect Division of Corpo					

P.O. Box 6327 Tallahassee, FL 32314

TO:

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### INNOVATIVE LABORATORY SOLUTIONS, LLC

(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 I Florida document number 1.14000149050	liability Company	were filed on $\frac{9/23/2}{2}$	014 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4301 South Flamin	go Rd
(Principal office address MUST BE A STREET ADDRESS)		Suite 106-184	
		Fort Lauderdale, FL 33330	
Enter new mailing address, if applicable:		4301 South Flamingo Rd	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 106-184	
		Fort Lauderdale, FI	_ 33330
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ur records, enter the name of the
New Registered Office Address:	4301 South Flamingo Rd, Suite 106-184		
<del> </del>		Enter Florida	street address
	Fort Lauderdal		, Florida 33330
		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 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 I crooksy authorized to manage, enter the title, hame, and address of each person being at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Carlos Leon	1815 Purdy Avenue Miami Beach, FL 33139	
		<del></del>	■ Remove
			Change
MGR	Nicole B. Parrella	4301 South Flamingo Rd, #106-184, Ft. Lauderdale FL	
			Remove
			Change
			□ Remove
			Change
			Remove
		<del></del>	Change
			Add
			Remove
			Change
			Add
			Remove
			Change

•	
,	
	7/1/2019
E. Effect	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	6/12/2019
Dated	6/12/2019 C 0 A Daniel
	Signature of a member or authorized representative of a member
	Christopher A. Parrella Typed or printed name of signee
	Typed or printed name of signee

D. It amending any other information, enter change(s) here: (Attach adaittonal sheets, if necessary.)

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Filing Fee: \$25.00