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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	THE LABO	DRATORY COMPANY, LLC		
SUDJE	CI:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
1 lease 1	eturi an correspo	STACY L. KOHN	to the following.	
			Name of Person	
			Name of Person	
		JECK, HARRIS, RAYNO	R & JONES, P.A.	
		<u> </u>	Firm/Company	
		790 JUNO OCEAN WAL	K, SUITE 600	
		·	Address	
		JUNO BEACH, FL 33408	3	
			City/State and Zip Code	
		jraynor@jhrjpa.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	T. 2
STAC	Y L. KOHN		561 746.1002	2015 SECRE
	Name o	f Person	Area Code Daytime	Telephone Number Name See 1
Enclose	ed is a check for the	he following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,  Certificate of States &  Certified Copy  (additional copy is enclosed)
	MAIL	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LABORATORY COMPANY, LLC						
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L14000160723	were filed on 10/14/14 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	2340 SW POMA DRIVE					
(Principal office address MUST BE A STREET ADDRESS)	PALM CITY, FL 34990					
Enter new mailing address, if applicable:	2340 SW POMA DRIVE					
(Mailing address MAY BE A POST OFFICE BOX)	PALM CITY, FL 34990					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:						
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAJENDRA MELARAM	514 PEPPER STREET NE	Add
		PALM BAY, FL 32907	■ Remove
			☐ Change
MGR	MY 5 KIDS, LLC	2340 SW POMA DRIVE	<b>=</b> Add
		PALM CITY, FL 34990	□ Remove
			☐ Change
			□ Remove
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