## K14000147052

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2022 SEP 19 AH 7: 00

A. BUTLER
DEC 1 3 2022

## **COVER LETTER**

Division of Corporations	
SUBJECT: Oifka hands Phle	Ebatomy LL C Limited Liability Company
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this ma	
Loria n	Name of Person
	nds Phlebotomy LLC Firm/Company  Monroe St Address
	SCE FI 32303 City/State and Zip Code  Shlewtomy @gmail. Com  ss: (to be used for future annual report notification)
For further information concerning this matter, please	
LORICA MIMS Name of Person	at 039) 254. 9203 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum \\$\\$\\$\\$25.00 Filing Fee \sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

TO:

**Registration Section** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U	'r	man.
C: Cladilla d	- Oblahi	-to - 11 1	
(Name of the Limi	5 PMCDC	DTDMY LLC inv as it now appears on o Liability Company)	OUT records 32 SEP 19 AH 7: 03
	(A Florida Limited I		e e Comment
The Articles of Organization for this Limited L		were filed on $10/3$	7/14/11/11/ and assigned
Florida document number <u>L140001</u>	67052		•
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design:	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
<u>(Principal office address MUST BE A STREI</u>	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
		<u> </u>	<del>-</del>
B. If amending the registered agent and/or		address on our recor	is, enter the name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	ĹρĊΩ	Mims	
Name of New Registered Agent.	4000	1 1 000 0000	2 C İ.
New Registered Office Address:	<u>4409</u>	Enter Florida st.	reet address
	Tallar	mssee	. Florida <u>32303</u>
		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 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>	<u>Address</u>	Type of Action
<u>mgr</u>	Loria Mims	4909 N.MonRoest	□Add
		Thilahassee 91 3230.	}_ □Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
E. Effective date, if other than the date of filing: ASAP (optional)  (If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	
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 <u>September 16</u> , <u>2022</u> . <u>Signature of a member or authorized representative of a member</u>	
Locia minos	

Typed or printed name of signee