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Florida Department of State

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Electronic Billing Cover Sheet

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То:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010
launna	mail address for this business entity to be used for future report mailings. Enter only one email address please.**
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCI LAB LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCI LAB LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record ability Company)	<u>(\$,</u>)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{114000193060}{114000193060}$.	were filed on 12/19/2014	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:				
		W. I. C.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	Of the abbreviation "L.L.C.			
Enter new principal offices address, if applicable:	7410 S US Highway 1				
(Principal office address MUST BE A STREET ADDRESS)	Suite 402				
7777.	Port St Lucie, FL 34952				
Enter new mailing address, if applicable:	7410 S US Highway 1	10 m			
	Suite 402	- N			
(Mailing address MAY BE A POST OFFICE BOX)	Port St Lucie, FL 34952	2017			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	office address on our record				
****	City	ToridaZip 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>	Address	Type of Action
MBR	CAMBA, MONICA	3030 N ROCKY POINT DR.	☐ Add
		STE 150A	■ Remove
		TAMPA, FL 33607	☐ Change
MBR	MARTINS, EMMANUELLE	3030 N ROCKY POINT DR.	Add
		STE 150A	■ Remove
		TAMPA, FL 33607	Change
MBR	HIGHFOLD INVESTMENTS, LLC	3030 N ROCKY POINT DR.	🗖 Add
		STE 150A	
		TAMPA, FL 33607	☐ Change
MGR	[oseph Rousseau	3030 N ROCKY POINT DR.	🖨 Add
		STE 150A	□ Remove
		TAMPA, FL 33607	Change
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he record specifies a dela The 90th day after the r	red effectiv ecord is file	e date, but need.	ot an effectiv	e time, at 12	:01 a.m. on	the ear	lier of
Dated August 17							
)——— of a member or aut		tive of a member			
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