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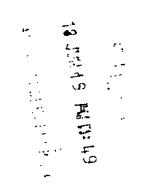
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JUN 20 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: Genes Reference Laborationes LLC  Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ernest Britain Traynham	
Name of Person /	
Willspring USA LLC Firm/Company	
Firm/Company	
7924 Forest City Rd Stc 210 Address	
City/State and Zip Code  Britta Genesis reference Labor. com  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
$\mathfrak{D}_{i}$	
Name of Person at (407) 154-4579  Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 (1 knesis Reference	Labor	raturies	LLC				
( <u>Name of the Limited I</u> (A)	<u>Liability Compar</u> Florida Limited L	ny as it now ap Liability Compa	pears on our ny)	records.			
The Articles of Organization for this Limited Liabi	lity Company	were filed on	03/	31/2015	a	nd assig	ned
This amendment is submitted to amend the following	ng;						
A. If amending name, enter the new name of th	e limited liab	ility compan	<u>y here</u> :				
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company,"	the designation	n "LLC" or the	abbrevia	tion "L.L.	C."
Enter new principal offices address, if applicable	le:				<u> </u>	<u>,                                    </u>	•
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>	<del></del>		<del></del>	<del></del>	<u> </u>	<u>.</u>
Enter new mailing address, if applicable:	N.				74. **	S 18 18 140	
Mailing address MAY BE A POST OFFICE BU	name, enter the new name of the limited liability company here:  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  cipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  ing address, if applicable:  s MAY BE A POST OFFICE BOX)  ag the registered agent and/or registered office address on our records, enter the name of the new tand/or the new registered office address here:  Expert Brittein Traylings						
B. If amending the registered agent and/or registered agent and/or the new registered office	_		s on our r	ecords, ent	er the	name o	f the new
Name of New Registered Agent:	Ernes	+ Britte	in Tro	ynhan			
New Registered Office Address:	7924	Forest C.	T Plorida street	Ste 210			
	Orlan	do		, Florida	32	219	
New Registered Agent's Signature if changing Res		·			Zi	p Code	

New Registered Agent's Signature, if changing Registered Agent:

P

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	Ernest B. Fisher	1558 Deer Creek Rol Vishen FI	Add
		32164	Remove
			r □ Change
MGR	Wellspring VSA LLC	30.30 N. Rocky point Rd.	<b>)X</b> Add
	-	Ste 150A Tampo F1 33607	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
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ffect	ive date, if other fective date is listed, t	than the date	of filing:	nnot be prior to	8 18	or more than 90	(option	al)	suant to 605	020
<u> Yote:</u>	If the date inserted ment's effective date	i in this block d	oes not mee	t the applical	ble statutory	filing requiren	nents, this d	ate will	not be liste	ed a
	cord specifies a 90th day afte			e, but not	an effecti	ve time, at	12:01 a.i	m. on t	the earlie	ero
Dated	June		, -	20.18_	- /	11	1			
						-/ -	7			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00