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## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC		Network, LLC			
SOBJEC		Name of Limited L	iability Company	, , , , , , , , , , , , , , , , , , ,	
The encl	osed Articles of	Amendment and fee(s) are submitted	for filing.		
Please re	eturn all correspon	ndence concerning this matter to the	following:		
		Jill Swartz			
			Name of Person	···	-
		Studio PRP Network, LLC			
			Firm/Company		-
		2300 Glades Road, STE 260W			
			Address	***************************************	-
		Boca Raton, FL 33431			
		Cit jillswartz@PRPScience.org	y/State and Zip Code		-
	•	-	used for future annual rep	port notification)	
For furth	er information co	oncerning this matter, please call:			
Jill Swa	rtz		561 703-5	5851	
	Name of	Person	Area Code	Daytime Telephone Numbe	г
Enclosed	is a check for th	e following amount:			
□ <b>\$</b> 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status &

MAILING ADDRESS: 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

Studio PRP Network, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000009544</u>	any were filed on 01/13/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
PRP Science, LLC			
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2	Line and the second sec	
		. 5	
		प्रस्	
Enter new mailing address, if applicable:		ener en parte par e tentar	
(Mailing address MAY BE A POST OFFICE BOX)		. 0	
		<i>p</i> *	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	d office address on our records, here:  Enter Florida street address	enter the name of the ne	
	, Florida		
	City	da Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I herehy accept the appointment as registered agent and a provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F	I am familiar with and S. Or, if this document is	

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
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the Do	the specific and cannot be prior took does not meet the applica	to date of filing or more than 9 able statutory filing require	(optional) Odays after filing.) Pursuant to 6 ements, this date will not be li	05,0207 isted as
e record specifies a delayed The 90th day after the reco		an effective time, al	t 12:01 a.m. on the ear	lier of
·	, 2017			
ated May 8	2017  Signature of a member of autho		A	

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