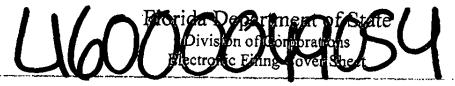
11/2/2018



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From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone

: (954)525-7500

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LABWORK (Name of the Limited Liability Compa- (A Florida Limited L	(S 121, LLC ny as it now appears on our records.) lability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number L16000049054	were filed on MARCH 9, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEO SEO
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		SSEE SSEE
Name of New Registered Agent:		FST
New Registered Office Address:	Enter Florida street address	- 32 DRIVA
	Florida	
	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

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	KENYATTA BELL	3315.COLLINS AVENUE, #7D	
		MIAMI BEACH, FL 33140	■ Remove
			Change
MGR RI	RHAHIME BELL	3315 COLLINS AVENUE, #7D	■ Add
		MIAMI BEACH, FL 33140	□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
		Add	
			All
———			
			ORIGINA 33
			□ Change
			□ Add
			Remove
	•		Change

If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	TALER W
	SEE 2
	TO E
•	ORIGINAL STATES
Note	ctive date, if other than the date of filing: (optional) 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Dated	d NOVEMBER 2
	Signature of a member or authorized representative of a member
	IAN J. LIS, ESQ., AUTHORIZED REPRESENTATIVE

Page 3 of 3

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