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COVER LETTER

TO: Registratio , Division of	n Section Corporations		
HEAL'	ΓHLAB VENTURES, LLC		
SUBJECT:	Name of Lin	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
	espondence concerning this matte	-	
	DAVID HENDERSON		
		Name of Person	
	DI LABS		
		Firm/Company	<u> </u>
	514 N FRANKLIN ST ST	ΓE 202	T'S
		Address	
	TAMPA, FL 33602		JAN 23 PM 4: 43
		City/State and Zip Code	P
•	, DAVE@HFOINVESTME		
For further information	E-mail address: on concerning this matter, please o	(to be used for future annual report notific	eation) 5
CHRIS HILL		813 315-4320	•
Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	s □ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHLAB VENTURES, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000117176	were filed on 6/14/2016	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:	
DI LABS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	514 N FRANKLIN ST STE 202	·
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33602	=======================================
		= 200
Enter new mailing address, if applicable:	514 N FRANKLIN ST STE 202	JAN 23
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33602	n more
		F SS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Add
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<u></u>		-	□ Remove Add +3
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Dated January 19, 2017. Signature of a member or authorized representative of a member					ate, but ı	not an ef	fective ti	me, at :	12:01 a	m. on th	ne earlie	er of:
Signature of a member or authorized representative of a member	Dated <u>Co</u>	nuzry	19	,	2017							•
David Henderson Typed or printed name of signee	<u>-</u>	Savid	Signati	ure of a m	ember or au	thorized rep	resentative	of a memb	er			

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Filing Fee: \$25.00