# L17000024310

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATE: BIO M	ULTI-SERVICES LLC	-	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan L17000024310 Florida document number	y were filed on	01/31/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u> TPR Management LLC	<u>hility company here</u>	<u>r</u> :	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2750 SW 116TH	AVENUE SUITE 20	14
	MIRAMAR		<u>_</u>
	Florida, 33025		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2750 SW 116TH MIRAMAR,	AVENUE SUITE 20	)4 
	FL 33025		00
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: <u>Name of New Registered Agent:</u> <u>New Registered Office Address</u> :		ords, <u>enter the na</u>	co co
		, Florida	

#### 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Actior</u>
MGRM	TIFFANY RICHARDS	2750 SW 116TH AVENUE 204 MIRAMAR, FL 33025	≣Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

	AUGUST 10th	2020		
Dated				
	/			
	1	tor a member or authorized to	la-de	
	Signatz	re of a member or authorized to	presentative of a member	
			•	
		Tiffany Richa	ards	

Typed or printed name of signee

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