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COVER LETTER

TO:	Registration Se Division of Cor			
cup ie		THE GO GENETICS, LLC.		
Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ED ESTRIPLET, JR.		
			Name of Person	
		ALLIANCE VENTURES,	LLC.	
			Firm/Company	
	8362 PINES BLVD SUITE 501			
			Address	~3
		PEMBROKE PINES, FL	33024	
	City/State and Zip Code INFO@ALLIANCEVTS.COM			
	E-mail address: (to be used for future annual report notification)			
For furtl	ner information of	concerning this matter, please ca	all:	.; .; 4.*
ED EST	rriplet, jr.		866 634-9966 at ()	
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for t	he following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & 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)

MAILING ADDRESS:

TO:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LABS ON THE GO GENETICS, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/29/2017	and assigned
Florida document number L17000201837		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ALLIANCE VENTURES, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8362 PINES BLVD SUITE 501	
(Principal office address MUST BE A STREET ADDRESS)	ces address, il applicable:	
Enter now mailing address if applicables	8362 PINES BLVD SUITE 501	63
	PEMBROKE PINES, FL 33024	
Enter new mailing address, it applicable:		
		:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	10 G I
	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

Q 2/4 (A)

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
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			□ Remove
			☐ Change
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			Remove
			□ Change
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			Remove
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effective date is listed, the date me: If the date inserted in this b	olock does not meet	the applicable s			
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record specifies a delaye he 90th day after the re		e, but not an	effective time, at 1	.2:U1 a.m. on	ne earlier
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Filing Fee: \$25.00

Typed or printed name of signee

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