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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LABS ON THE GO GENETICS, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ED ESTRIPLET, JR.

Name of Person

ALLIANCE VENTURES, LLC.

Firm/Company

8362 PINES BLVD SUITE 501

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

INFO@ALLIANCEVTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED ESTRIPLET, JR.

866 634-9966
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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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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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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02/19/2020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 19 FEBRUARY, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee