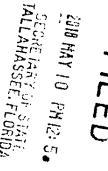


(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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05/10/18--01011--029 **25.00



COVER LETTER

TO: Registration Secti Division of Corpo		•	
SUBJECT: Inocu	ulum Labs llc		
-	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ı		
	Nicholas n	noench Name of Person	
	Inoculum labs	Firm/Company	
		rinivCompany	
	1316 commerci		
•		Address	
	Spring hill, florid		<u></u>
	Nick@inoculum	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report not	ification)
For further information con	cerning this matter, please ca	all:	
Nick@inoculum	aleworks com	at (407) 717778	33
Name of F		at \	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inoculum labs llc		
(Name of the Limite	d Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number <u>L1800003115</u>		and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or the new registered off		records, enter the name of the new
Name of New Registered Agent:	Nicholas Moench	The state of the s
New Registered Office Address:	554 1st ave n	SET 10
	Enter Florida stre	et address To The M
	Saint petersburg	, Florida 3370 Code
	Uαγ	1 AND COUL

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 being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Mgr</u>	Keith krueger	8486 athens ct	Add
		Weeki wachee, FL, 34613	■ Remove
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ective date, if other than the n effective date is listed, the date mu	date of filing:	nnot be prior to d	ate of filing or mo	ce than 90 days after	onal) · filing) Pursu	ant to 605 02
te: If the date inserted in this blocument's effective date on the D	ock does not mee	t the applicable	statutory filing	requirements, thi	s date will no	ot be listed
sument's effective date on the 12	eparament or state	e o recordo.				
record specifies a delayed		e, but not a	n effective ti	me, at 12:01	a.m. on th	e earlier
The 90th day after the rec	ora is filea.					
ted May 7	,	2018				
Nic	holas Moe	nch				
			d representative of			

Page 3 of 3

Filing Fee: \$25.00