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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	NOCULUM Name of Limi	LABS CC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ken	nt Kruzeen	
	Krue6	Name of Person St GLOW BUTS Firm/Company	5a raism
	2450	Firm/Company	
	1284	CON DR. Address	
	SPein	City/State and Zip Code	34606
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	ail:	
Name o	of Person	at (35%) 58% Area Code Daytime	GGG
Enclosed 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:

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

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INOCULUM LABS	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 18000 31150	were filed on Z
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1284 LORI DRIVE STRING 1+100 FN 34606
(Mailing address MAY BE A POST OFFICE BOX)	STRING ITIN EN 34606
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>e</u> :
Name of New Registered Agent: KEITY	KRUEGER
New Registered Office Address: 1284	Loni Dr.
	Enter Florida street address
SPR IN	6 14cm Florida 34606 Zip Code
	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

ͺ:

Page 1 of 3

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>	Address	Type of Action
MGR	KUITH KRUEGER	1284 CONI De.	G Add
		SPEING HILL FL 3	Y606 □ Remove
			☐ Change
<u>m6r</u>	MICHOLAS MOEN	CH 559 5138 SHORK W	ovo Do Add
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Note: If the	ate, if other than the date is listed, the date in date inserted in this effective date on the	nust be specific and block does not m	cannot be prior to sect the applicab	date of filing or mor		ing.) Pursuant to 605.03
	specifies a delay day after the re		ate, but not	an effective tin	ne, at 12:01 a.r	n. on the earlier
Dated	<u> </u>		3019	-·		
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Page 3 of 3

Filing Fee: \$25.00