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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor		•	
	GREAT FOR LIFE LLC	•	
SUBJECT:	Name of Lim	ited Luability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	C/O YAN VALDES		
		Name of Person	
	VALDES CPA & ADVIS	ORS, PA	DA SE
	C/O 848 BRICKELL AVI	Firm/Company E, SUITE 625	2020 SEP 15 PH 3: 18
		Address	P P
	MIAMI, FL, 33131		3. 18
	· · · · · · · · · · · · · · · · · · ·	City'State and Zip Code	
	yvaldestą,valdescpa.com		
	l:-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
YAN VALDES		305 517-3309	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
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)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	CD 24314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEELING GREAT FOR LIFE LLC

company has been notified in writing of this change

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000210354}{}$.	were filed on <u>09/04/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Life Science Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		207
(Principal office address MUST BE A STREET ADDRESS)		S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		5 PH 3:
New Registered Office Address:	Enter Florida street address	
	emer r tortaa street aaaress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	тар соли
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ϵ performance of my duties, and I am f	amiliar with and

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
		·	□ Change
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ective date, if other than the defective date is listed, the date must extend in this blocument's effective date on the Deput	pe specific and cannot be prior to dat ck does not meet the applicable :	e of filing or more than 90 day	(optional) is after filing.) Pursuant to 6 ts, this date will not be 1	505.020' isted as
union s effective date on the Dep	artificity of mate's feedings.			
cord specifies a delayed effective s filed.	date, but not an effective time, a	a 12:01 a.m. on the earlier	of: (b) The 90th day a	fter the
September 8th				
	Sioblean Aslemore			

Filing Fee: \$25.00