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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			
cup ucz		oor Sciences, Inc.		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Eric To	omko	
			Name of Person	
		13th FI	oor Sciences, LLC.	
			Firm/Company	
			Address	
		Воса В	Raton, FL 33498	
			City/State and Zip Code	
		_	13thtloorseiences.com to be used for future annual report r	notification)
For furth	er information c	oncerning this matter, please c	•	
Jas	son May		at (561) 352-50	59
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
፟⊠ \$25.0	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 Addres Registration S		Street Address: Registration	
	Division of C		Division of C	Corporations
	P.O. Box 632			f Tallahassee
•	Tallahassee, I	1L 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13th Floor	Sciences, LLC.		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears o ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on	11/01/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or the ab	nbreviation "L.L.C."
Enter new principal offices address, if applicable:			2020 SEC
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our rec		ARR PROPERTY OF THE OF THE NEW registere
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
New Registered Office Hadress.	Enter Florida	ı street address	
	_	Florida	
- 	City	-	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of m as provided for in Ch	y duties, and I am , apter 605, F.S. Or,	familiar with and if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eric Tomko	19433 Black Olive Lane	■Add
		Boca Raton, FL 33498	□Remove
			□Change
			□ Add
			Remove
			Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□ Change
			bbA□
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Note:	If the date inserte	r than the date of the date must be speed in this block doo te on the Departmo	s not meet th	ie applicable	te of filing or n statutory filir	iore than 90 d	_ (optional) ays after filing ats, this date) Pursuant to 605	5.0207 (ed as t
e record rd is fil		yed effective date,	but not an ef	fective time,	at 12:01 a .m.	on the earlie	erot: (b) Th	ie 90th day afte	er the
	March 9,		·	2020 -	1				
Dated .	***				1/1/1	<i>_</i>	/		
Dated _.					So	h			
Dated _.		Signate	ire of a membe		I representative			· · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00