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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

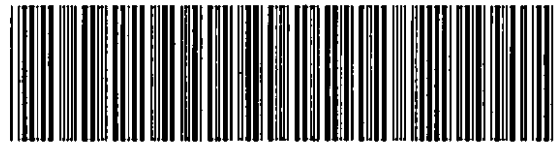
(Business Entity Name)

(Document Number)

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FALL MISSISSIPPI

2019 OCT -4 PM 3:34

FILED

OCT 24 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEQUENTIAL 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:

RAK DIXIT

Name of Person

SEQUENTIAL GENETICS, LLC

Firm/Company

2655 ULMERTON ROAD, SUITE 404E

Address

CLEARWATER, FL 33762

City/State and Zip Code

RAK@RAKDIXIT.COM

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

For further information concerning this matter, please call:

RAK DIXIT

727 692-9135
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEQUENTIAL GENETICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/13/2019 and assigned Florida document number 119000044166.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2655 ULMERTON ROAD, SUITE 404E

(Principal office address MUST BE A STREET ADDRESS)

CLEARWATER, FL. 33762

Enter new mailing address, if applicable:

2655 ULMERTON ROAD, SUITE 404E

(Mailing address MAY BE A POST OFFICE BOX)

CLEARWATER, FL. 33762

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RAK DIXIT

New Registered Office Address:

2655 ULMERTON ROAD, SUITE 404E

Enter Florida street address

CLEARWATER

City

Florida

33762

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

2019 OCT - 14 PM 3:34
FALLS CHURCH, VA
FALLS CHURCH, VA

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>
MGR	MURRAY, DAVID	2655 ULMERTON ROAD, 404E	<input type="checkbox"/> Add
		CLEARWATER, FL 33762	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DIXIT, RAK	12105 28th ST N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TWINING, MAREN	12105 28th ST N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOBITZ, ALEXANDRA	2655 ULMERTON ROAD, SUITE 404E	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33762	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 08/21/2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/21 2019

Rak Dixit
Signature of a member or authorized representative of a member

RAK DIXIT
Typed or printed name of signee