## L19000209457

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10/21/19--01038--023 \*\*60.00

Amend (2)

ALBRITTON

## **COVER LETTER**

TO: Registration Sect Division of Corpo	
SUBJECT: Hi	CAH-REE ANALYTICAL, LLC Name of Lymited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	MICHAEL JOHN O'CONNOR
	Name of Person
	High-Rex ANALYTICAL, LLC
	208 BRIANCLIFF CINCLE
	Address
	SCBASTIAN, FLORIDA 32958 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	cerning this matter, please call:
Michael Name of F	T. O'Camon at (Z40) 460 - 3278  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 & Certificate Copy (additional copy is enclosed)  □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate 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

High-Rez AN.	ALYTICAL, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 19002の457</u>		6/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRES	<u></u>	. <del>-</del> `
		. 1,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	s-a	<del></del>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ords, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	,	Florida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:	<u>being added</u>
MGR = Manager AMBR = Authorized Member	

Title	<u>Name</u>	Address	Type of Action
MGR	Michael John O'Conhar	208 BRIARCH F CIECLE SEBASTIAN, HORIDA 32958	Add
		SEBASTIAN, HORIDA 32958	□ Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			_□ Remove
			□ Change

O. 10

). If amend	ling any other Information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del></del>	
•	
FF 44.	
** = -*	
Note: 101	date, if other than the date of filing: 10-15-17 (optional) (optional) (see date is 'isted, the date must be specific and cannot be provided of thing or more than 90 days after filing a Pursuant to 605 1/307 13 the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed to the Cs officers of date on the Department of State's records
(f the recor (b) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	NOVEMBER 12 2019
	Mir Charles Of a member or authorized representative of a member
	MICHARI J. O'CONNUR

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Filing Fee: \$25,00