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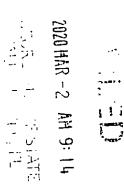
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COVER LETTER

	stration Se sion of Cor					
	Emergency	y Scientific, LLC				
SUBJECT: _		Name of Lim	ited Liability Company		 	
Tite of the second	4 mil 1 18	A d C(-)				
		Amendment and fee(s) are sub	-			
riease return a	iii correspo	ndence concerning this matter	to the following:			
		Lawrence Kronick				
			Name of Person			
			· · · · · · · · · · · · · · · · · · ·			
			Firm/Company			202
		1151 Waterside Lane				2020 HAR
			Address			R-2
		Hollywood, FL 33019				
		larry@haging info	City/State and Zip C	ode		AM 9: 14
		larry@bacinc.info E-mail address: (to be used for future an	nual report notificat	ion)	
For further inf	formation c	oncerning this matter, please c		·		
Lawrence Kr	ronick		954 at (608 0259		
	Name o	f Person	Area Code	Daytime Te	lephone Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing I Certified Cop, (additional copy i	y	Certified	e of Status &
	ing Addres istration S			et Address: istration Section	on	
Divi	ision of C	orporations	Divi	ision of Corpor	rations	
	. Box 632 ahassee, I			Centre of Tall 5 N. Monroe S		10

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emergency Scientific		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
		and assigned
nis amendment is submitted to amend the following: 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 "LLC" or the abbrev		
his amendment is submitted to amend the following: 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 "LLC" or the abbrev		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	1920 Hallandale Beach Blvd., Suite	e 905 , c 20
(Principal office address MUST BE A STREET ADDRESS)	Hallandale, FL 33009	
Enter new mailing address, if applicable:	Same as above	- T
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:	address on our records, enter the na Enter Florida street address , 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 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	Tim Niemen	201 North 550 East, North Salt Lake, UT 84054	≣ Add
			□Remove
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ffective date, if other than the an effective date is listed, the date multiple of the date inserted in this blocument's effective date on the Effective date of the date in the first specifies a delayed effective distilled. February 27, 2020				a.m. on the ea	rlier of: (b)	The 90th	day after th
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