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COVER LETTER

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SUBJEC	· ·	Name of Lim	ited Liability Company	
The enclo	sed Articles	of Amendment and feets) are sub-	mixed for filing	
			-	
		Elizabeth Southers		
			Name of Person	
		The Fine Print Writing Services Finn/Company 1051 NW 15 Terrace Address Stuart, FL 34994 City/State and Zip Code Isouthers@thefineprint.services E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: uthers at () Name of Person Total address: check for the following amount: iling Fee Solono Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy fadditional copy is enclosed) Iting Address: instration Section Street Address: Registration Section		
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Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNCLE DORK AND LIZARD LAB, 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 Mar 17, 2020 and assigned Florida document number <u>L20000084116</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIZARD LAB, LLC 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: (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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
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