Electronic Filing Cover Sheet

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То:				
Division of Cor				
Fax Number	: (850)617-6383			Ŋ
From:			2020	Q.
Account Name	: REGISTERED AGENTS INC.			
Account Numb	per : 120090000081		#20 #20	
Phone : (3	307)200-2803			
Fax Number	: (855)330-1010			
2020 AUG 17 PH 3: 23	**Enter the email address for this busine annual report mailings. Enter only or Email Address: LLC AMND/RESTATE/CORRECT ONSITE TESTING OF	ne email address please.** T OR M/MG RESIGN	- 01	ָל. כי
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	Estimated Charge	\$25.00		

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONSITE TESTING OF FLO					
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Li Florida document number L20000200887	ability Company	were filed on <u>07</u>	/13/2020	and assig	gned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the d	esignation "LLC" or the abbr	reviation "L.L	.C."
Enter new principal offices address, if applic	7901 4th St	N			
(Principal office address MUST BE A STREE		STE 300			
		St. Petersbu	rg FL 33702	=	<i>?</i> ∌
				2020 /	- - -
Enter new mailing address, if applicable:		7901 4th St	N	<u>^</u>	<i>:</i> !
(Mailing address MAY BE A POST OFFICE	CTE 200				
		St. Petersbu	irg FL 33702		
			_	-	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of the first of t	office address on re:	our records, <u>enter t</u>	he fame o	<u>of the new</u>
Name of New Registered Agent:	Registere	d Agents Inc	<u>. </u>		
New Registered Office Address:	7901 4th	St N STE 30	0		
		Enter Flo	rida street address		
	St. Peters	<u>_</u>	Florida <u>33</u>	702	
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KHYATI S PATEL	5407 RED ADMIRAL PL	
			☑ Remove
		RIVERVIEW, FL 33578	Change
MGR_	Megha S Patel	7901 4th St N STE 300	☑ Add
			□ Remove
		St. Petersburg, FL USA 33702	Change
			□ Remove
			Change
			□ Add
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ffective date, if other than the date of filing:		(ор	tional)
an effective date is listed, the date must be specific and car lote: If the date inserted in this block does not mee ocument's effective date on the Department of Stat	nnot be prior to date of filu 1 the applicable statutor	ng or more than 90 days aft	er filing.) Pursuant to 605.02
e record specifies a delayed effective dat The 90th day after the record is filed.	e, but not an effec	tive time, at 12:01	a.m. on the earlier
August 14	2020_		
Riluy tark Signature of a me			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00