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COVER LETTER

SUBJECT	: L-caa		~	€ ´
SUBJECT	: 1-caal		·	•
	I	y lab Name of Lin	G. 111 LUG. (C.	·
	J	() Name of Lim	ined Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspond	dence concerning this matter	to the following:	
		<u>Amanda</u>	Radriguez Name of Person	
			Firm/Company	
		9901 Baywir	Address Apt 3303	
		Wast Palm B	each FL 33411 City/State and Zip Code 10900011 Com to be used for future annual report notifie	
		Ayodbis (E-mail address: (10 9 Mail Com to be used for future annual report notific	cation)
For further	information con	cerning this matter, please c	all:	
Am	Name of F	Rodnenez Person	at (SUI) 38 W Area Code Daytime	-6579 Telephone Number
Enclosed is	a check for the	following amount:		
z \$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)
R D	ailing Address: egistration Se ivision of Cot O. Box 6327		Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

legacy Lab	22210L -5 2H 7:21
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	by were filed on <u>H28 [2020</u> and assigned
Florida document number (2000223584	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
NIA	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	NH
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Ama	rda Rodriguez
New Registered Office Address: 9901 Y	Ma Rodrigu-lz Boywinds Dr. Apt 3303 Enter Florida sircel address
West.	Palm Beach, Florida 33411 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address - 2000 -5 M1 7:31	Type of Action
AMB12	Amanda Rodnguet	9901 Baywinds Dr. Apt WStpalmy Boh. Fr 33411	3303) DAdd
		——————————————————————————————————————	□Remove
			□Change
MGR	Arranda Rodnguet	- 9901 Baywinds Dr. Apt 33 Leit Valm Beach, PL 33411	BOAdd
		LeitValm Beach, PL 33411	□Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	Hease odd myscif Amarda Rodinguez as an
Q	Please odd myscif, Amarda Rodinguez, as an withornized person to legacy lab UC 100 -3 1717:31
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If an effe	ve date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
e record rd is file	I 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 ed.
Dated _	September 30th, 2020.
	MARKA DIA
	Signature of smember or authorized representative of a member
	Amainda Pidumez

UTyped or printed name of signee