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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please	r fûture	2022 AUG
Email Address:		€ I 2
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FASTLABS MOBILE 001, LLC	OF STATE	AM 9: 38

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T. LEMIEUX

AUG 13 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Table ha Mahila 004 11 C		<b>&gt;</b>
FastLabs Mobile 001, LLC  (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on 10/29/20	and assigned
Florida document number L20000333932		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Root Biology, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-	. Linner.	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, enter the <u>nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	The state of the s	20
New Registered Office Address.	Enter Florida street address -:	2022 AUG
	. Florida.	
	City 5/2	Code=
New Registered Agent's Signature, if changing Registered Agent:	173, • • • • • • • • • • • • • • • • • • •	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	rformance of my duties, and I <b>ลัพ</b> wided for in Chapter 605, F.S. <b>จิ</b> ว	familiar with and , if th <b>s:</b> document is

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
			□Add
		□Remove	
			☐ Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
	**************************************	4-111-110-1-1	□ Add
			□Remove
		<u></u>	☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
*****	
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Note: If t	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 12 2022
	Ritur Tel_ Signature of a member or authorized representative of a member
	Riley Park Typed or printed name of signee

Filing Fee: \$25.00