## L210006661

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Fiting Officer:				
	J. HORNE OCT 25 2022				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/24/2022	
	Merritt Walker	
Reference #:	1813606	<u> </u>
	AG	IV LAB LLC
	es of Incorporation/Authorization	
✓ Amen	dment	
☐ Chang	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er	
Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: <b>\$25</b>	
Signature:	mw	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/24/2022	
Name:	Merritt Walker	
Reference	#:1813606_	_ <del></del>
	e:	AGIV LAB LLC
_	·	rization to Transact Business
<b>√</b> Ame	endment	
☐ Cha	nge of Agent	
☐ Rein	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: <b>\$25</b>	
Signature:	mw	

F: 800.944.6607

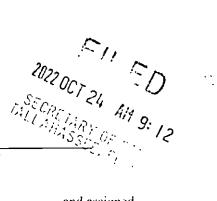
## DocuSign Envelope ID: 964257DE-5E36-4C10-9192-1C254E65A452 COVER LETTER

	ration Se on of Cor	porations				
A SUBJECT:	GIV LAE	LLC				
SUBSECT:		Name of Lim	ited Liability Company			
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	_			
		Maria Acevedo, Esq.				
			Name of Person			
		ACEVEDO BELT, P.A.				
			Firm/Company			
	1441 Brickell Avenue, Suite 1400					
			Address			
		Miami, FL 33131				
			City/State and Zip Code	<del></del>		
		maria@acevedobelt.com E-mail address: t	to be used for future annual repo	ort notification)		
For further infor	mation c	oncerning this matter, please c	all:			
Maria Acevedo	. Esq.		305 396-4.	282		
	Name o	f Person	at () Area Code l	Daytime Telephone Number		
Englaced is a ab	nali farit	ne following amount:				
Enclosed is a cir ■ \$25.00 Filir		□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.		
_ 020.000 1	.5	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status &		
Mailin	g Addres	x:	Street Addr	256.		
Mailing Address: Registration Section			Registration Section			
	ion of C Box 632	orporations 7		f Corporations e of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## DocuSign Envelope ID: 964257DE-5E36-4C10-9192-1C254E65A452 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



AGIV 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 February 8, 2021	and assigned	
Florida document number L21000066561			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Aleska Genesis LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	88 SW 7th Street		
(Principal office address MUST BE A STREET ADDRESS)	Unit 2112		
· · · · · · · · · · · · · · · · · · ·	Miami, FL 33130		
Enter new mailing address, if applicable:	88 SW 7th Street		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 2112		
	Miami, FL 33130		
agent and/or the new registered office address here:  Name of New Registered Agent:			
New Registered Office Address:	Pro Physica and D		
	Enter Florida street addres	S	
	, Florida		
Nam Banktanal Agant's Signature if sharping Dagistanal Agants	•	г.ър с оче	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 964257DE-5E36-4C10-9192-1C254E65A452 in amending Authorized rerson(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
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Note: If	e date, if other than tive date is listed, the date f the date inserted in th nt's effective date on th	is block does not	meet the applic	to date of filing or nable statutory filin	(op) nore than 90 days aft og requirements, tl	tional) er filing.) Pursuant to nis date will not be	605.0207 (3 listed as th
e record : rd is filed	specifies a delayed effe d.	ective date, but no	ot an effective ti	ne. at 12:01 a.m.	on the earlier of:	(b) The 90th day a	ifler the
C	October 21		2022				
Dated _	DocuSigned by:		·	<u> </u>			
	6C72D96E6EB44BC	Signature of	a member or autho	rized representative	of a member		-
				•			
	Genesis Aleska Cas	tellanos					

Filing Fee: \$25.00