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(Requestor's Name)

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\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

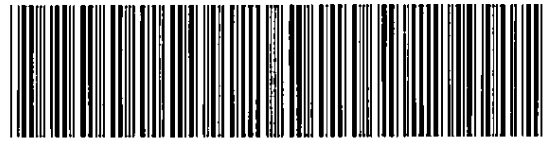
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CryoNext Labs LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Cruzada

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8600 Commodity Circle Unit 162

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

joel@cryonextlabs.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Cruzada

at (407) 964-3240

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>   | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|---------------|--------------------|--|
| MGR          | Ron Leventhal | 8762 Lake Tibet Ct | <input type="checkbox"/> Add               |
|              |               | Orlando, FL 32836  | <input checked="" type="checkbox"/> Remove |
|              |               |                    | <input type="checkbox"/> Change            |
| MGR          | Joel Cruzada  | 2015 Hargate Court | <input checked="" type="checkbox"/> Add    |
|              |               | Ocoee, FL 34761    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
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|              |               |                    | <input type="checkbox"/> Remove            |
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1. *Staphylococcus aureus*  
 2. *Streptococcus pneumoniae*  
 3. *Escherichia coli*  
 4. *Salmonella enterica*  
 5. *Shigella flexneri*  
 6. *Yersinia enterocolitica*  
 7. *Legionella pneumophila*  
 8. *Campylobacter jejuni*  
 9. *Haemophilus influenzae*  
 10. *Mycobacterium tuberculosis*  
 11. *Coccidioides immitis*  
 12. *Histoplasma capsulatum*  
 13. *Blastomyces dermatitidis*  
 14. *Cryptosporidium parvum*  
 15. *Toxoplasma gondii*  
 16. *Giardia lamblia*  
 17. *Trichinella spiralis*  
 18. *Ascaris lumbricoides*  
 19. *Strongyloides stercoralis*  
 20. *Enterobius vermiciformis*  
 21. *Trichostrongylus axei*  
 22. *Ostertagia circumcincta*  
 23. *Haemonchus contortus*  
 24. *Trichostrongylus colubriformis*  
 25. *Moniezia benediti*  
 26. *Paramphistomum dentatum*  
 27. *Dictyocaulus viviparus*  
 28. *Haemonchus placei*  
 29. *Ostertagia circumcincta*  
 30. *Trichostrongylus axei*  
 31. *Strongyloides stercoralis*  
 32. *Enterobius vermiciformis*  
 33. *Trichostrongylus colubriformis*  
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 35. *Paramphistomum dentatum*  
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 42. *Trichostrongylus colubriformis*  
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 51. *Trichostrongylus colubriformis*  
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 53. *Paramphistomum dentatum*  
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 188. *Paramphistomum dentatum*  
 189. *Dictyocaulus viviparus*  
 190. *Haemonchus placei*

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Dated January 25 2023

Joel Cruzada

**Filing Fee: \$25.00**