Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corr	porations		是 是
	Fax Number :	: (850)617-6383		SS
From:	Account Name : Account Number : Prone : Fax Number :	: LEGALZOOM.COM IN : 120010000362 : (323)962-8600 : (323)962-3869	c.	E. E. CATO
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TO:

Registration Section

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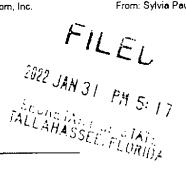
COVER LETTER

Divi	sion of Cor	porations				
sum in on	KRYPTONITE MOBILE LAB SERVICES LLC					
Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return	all correspo	ndence concerning this matter t	to the following:			
		Cheyenne Moseley				
			Name of Person		***	
		Legalzoom.com, Inc.				
			Firm/Company			
		101 N Brand Blvd 11th Fl				
			Address			
		Glendale, CA 91203				
			City/State and Zip Code			
		Kryptonitemobilelab@gmai	l,com			
		E-mail address: (t	o be used for future annual	report notificati	on)	
For further in	formation c	oncerning this matter, please ca	M:			
Cheyenne Moseley			3-0888			
-	Name o	f Person	Area Code	Daytime Tel	lephone Number	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KRYPTONITE MOBILE LAB SERVICES 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 $\frac{04/23/2021}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address

New Registered Agent's Signature, if changing Registered Agent:

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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.

Cur

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ____

MGR = Manager

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☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGR	Noelle Theresa Parker	7827 NW 39th Ct., Apt. 1 Coral Springs, Florida 33065	Add
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D. It amendi	ng uny other information, er	iter change(s) here: (A	ttach additional	sneets, if necessary.)	
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E Corentino	date, if other than the date o	f filing:		(optional)	

If the record 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 record is filed.

Dated	01/19/2022	·	
	Jer		
	Signature o	f a member or authorized representative of a member	
	LAURA M CANO		
		Typed or printed name of signee	

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Filing Fee: \$25.00