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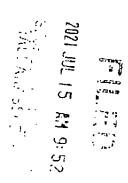
(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	_
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Office Use Only



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C Kinsey

## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

FTF SCIEN	NTIFIC LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Cole Anyan					
	<del> </del>	Name of Person	<del></del>			
	FTF Scientific LLC					
		Firm/Company				
8800 pine forest rd, apt 6103						
	Firm/Company  8800 pine forest rd, apt 6103  Address  Pensacola/Florida 32534  City/State and Zip Code					
		City/State and Zip Code				
	caanyan91@gmail.com		-			
For further information c	oncerning this matter, please ca	to be used for future annual report noti: all:	neation)			
Cole Anyan	, ,	720 6217160				
Name o	f Person	at ()	e Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sec	rtion			
Division of C		Division of Cor				

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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nation "LLC" or the abbre	viation 1.	lC."
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	(A)	
3	STE 12  34 US  25  27  27  27  27  27  27  27  27  27	D apt # 6103

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

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 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
MGR	Cole Anyan	9601 N Palafox ST STE 5B, Pensacola,FL 32534 US	□Add
			_ <b>■</b> Remove
			_ □Change
AMBR	Cole Anyan	8800 Pine Forest Rd., APT 6103, Pensacola, FL 3253	4 <b>≡</b> Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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		d in this błock te on the Depa				ory filing req	uirements, this	s date will not b	e listed as
record sp I is filed.	ecifies a delay	ed effective d	ate, but not a	in effective	time, at 12:0	)1 a.m. on the	e earlier of: (b	) The 90th day	after the
ated	Jui-	13th	·	909	<u>l</u> .				
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