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(Requestor's Name) (Address) (Address)	600387141706
(City/State/Zip/Phone #)	U5/15/22-−tioU2018 *•55.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	22 HAY 13 PH 2
Special Instructions to Filing Officer:	3: OF
Office Use Only	T. MATTHEWS JUL 12 2022

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TO: Registration Section Division of Corporations

24-7 Laboratories LLC SUBJECT:

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:

Marley Roldan

Name of Person

24-7 Laboratories LLC

Firm/Company

6107 Memorial Highway, Suite F

Address

Tampa, FL, 33615

City/State and Zip Code

anytimelab@24-7labs.com

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

813

Area Code

at (____

453-3603

For further information concerning this matter, please call:

Marley Roldan

Name of Person

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO CHE MARY OF STATE ARTICLES OF ORGANIZATION SIGN OF CORPORATION OF

22 MAY 13 PH 3: 07

24-7 Laboratories LLC			
(<u>Name of the Limited</u>	<u>t Liability Comp</u> A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L21000323354</u>	bility Company	were filed on <u>05/29/2020</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	<u>he limited liab</u>	<u>ility company here</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	6107 Memorial Hwy., Suite F	
(Principal office address MUST BE A STREET ADD		Tampa, Florida 33615	
		·····	
Enter new mailing address, if applicable:		6107 Memorial Hwy., Suite F	
<u>Mailing address MAY BE A POST OFFICE B</u>	<u>OX)</u>	Tampa, Florida 33615	
 If amending the registered agent and/or reg agent and/or the new registered office address 	gistered office : <u>here</u> :	address on our records, <u>enter the na</u>	<u>me of the new register</u>
Name of New Registered Agent:	Carlos Roldan		
New Registered Office Address:	6107 Memorial	Hwy., SuiteF Enter Florida street address	
	Tampa	Florida ³	3615

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 mercly reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marley Roldan	6107 Memorial Hwy. Suite F Tampa Florida 33615	🗐 Add
			🗆 Remove
			EiChange
AMBR	Carlos Roldan	6107 Memorial Hwy, Suite F Tampa Florida 33615	🗆 Add
			ERemove
			🗋 Change
			🗆 Add
			🗌 Remove
			[]Change
			🖾 Remove
			□Change
			🗆 Add
			Remove
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			🗆 Remove
			_ 🗋 Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<i></i>
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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	2022	
	\square	
	Senature of a member or authorized representative of a member	
<u>.</u>	Marley Roldan Typed or printed name of signce	

Filing Fee: \$25.00