

9/29/21, 3:15 PM

**L21000404833**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H21000365332 3)))



H210003653323ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 SEP 29 AM 10:17

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FOR THE PEOPLE COVID TESTING LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

SEP 30 2021

A. LUNT

2021 SEP 29 PM 4:39

SECRETARY OF STATE  
FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FOR THE PEOPLE COVID TESTING 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:

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

delilaha88@hotmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOR THE PEOPLE COVID TESTING 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 09/13/2021 and assigned  
Florida document number 121000404833.

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 Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

FILED  
2021 SEP 29 AM 10:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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>                      |
|--------------|--------------------|--|--|
| AMBR         | GRIFFIN, PORSCHE R |  | <input type="checkbox"/> Add               |
|              |                    | 1420 CELEBRATION BLVD., SUITE 200<br>KISSIMMEE, FL 34747 | <input checked="" type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Change            |
|              |                    |  | <input type="checkbox"/> Add               |
|              |                    |  | <input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Change            |
|              |                    |  | <input type="checkbox"/> Add               |
|              |                    |  | <input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Change            |
|              |                    |  | <input type="checkbox"/> Add               |
|              |                    |  | <input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Change            |
|              |                    |  | <input type="checkbox"/> Add               |
|              |                    |  | <input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Change            |
|              |                    |  | <input type="checkbox"/> Add               |
|              |                    |  | <input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Change            |

[illegible]

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 SEP 29 AM 10:17

**Filing Fee: \$25.00**