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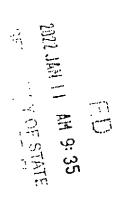
A. RIVERS

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Cor	porations		
	Paladin Lab			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.	
riease return	an correspo	ndence concerning this matter	to the following.	
		Jacqueline Quiroga		
			Name of Person	
		ZenBusiness INC		
		<u> </u>	Firm/Company	<del> </del>
		5511 Parkerest Drive STE	103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	m to be used for future annual report not	in the land
				(i) (cation)
For further in	itormation c	oncerning this matter, please ca	MI:	
Jacqueline Q		ZenBusiness INC	844 493-6249 at () Area Code Daytin	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for t	ne following amount:		
■ \$25,00 F	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)
	iling Addres		Street Address:	at lan
	gistration : vision of C	Section Corporations	Registration Se Division of Co	
	D. Box 632		The Centre of	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paladin Labor LEC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000463007	were filed on 01/01/2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1702 N Woodland Blvd			
(Principal office address MUST BE A STREET ADDRESS)	116457			
	Deland, FL 32720			
Enter new mailing address, if applicable:	1702 N Woodland Blvd			
(Mailing address MAY BE A POST OFFICE BOX)	116457			
	Deland, FL 32720			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registero			
	202			
New Registered Office Address:	Enter Florida street address  Florida			
	City Zip Code '7'			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with th			

provisions of all statutes relative to the proper and complete performance of my duties, and I am familter 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

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>	Type of Action
AMBR	Andrew David Delgado	1702 N Woodland Blvd	□Add
		116457	□Remove
		Deland, FL, 32720	<b>■</b> Change
			Remove
			□Change
		_	□Add
			Remove
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		<u> </u>		
C. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior t k does not meet the applica	to date of filing or more th		
the record specifies a delayed effective of the filed.	date, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th	n day after the
Dated	2022			

Filing Fee: \$25.00