## L21000483044

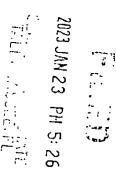
(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

10: Registration Section

Division of Cor	porations		
CLINIMET	TRICS LAB LLC		
SCHIECT:	Name of Lini	ned Liscolity Company	
the enclosed Articles of	Amendment and feets) are sub	mitted for filling	
Ptease return all correspo	endence concerning this matter	to the following:	
	Xueli Gao		
		Name of Person	
		Firm Company	
	1332 Thornapple Dr		
		Address	
	Osprey, FL 34229		
		City State and Zip Code	<del></del>
	xgao1976@gmail.com		
or further information c	oncerning this matter, please c	io de used for finute annual report no oil.	чис <b>зиол</b> )
Anch Gao		813 777-4434	
Name o	f Person	at ()	nie Telephone Number
I nelosed is a check for the	ne following amount.		
= \$25.00 Filling Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>is;</u>	Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810	

Tallaharsee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Final

2023 JAN 23 PM 5: 26

CLINIMETRICS LABILLE		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.  Limited Liability Company)	TALL, INSSEE FL
The Articles of Organization for this Limited Liability C Florida document number <u>L21000483044</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
LAO LAB LEC		
"he new name must be distinguishable and contain the words "Lun	ated 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 ADDR	(ESS)	
Later new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u> l	he name of the new registere
Name of New Registered Agent		
New Registered Office Address:		
	Entor F Corula street address	
	, Flor	rida
	Civ	Zip Code

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

theoreby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the movisions 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 m Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability impany 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>l'itle</u>	<u>Name</u>	Address	Type of Action
			Add
			□Remove
			Change
			LIRemove
			_ Change
			Remove
	Annual San II American Income the Language Control of the Control	Z Change	
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		[]Remove	
· ———			
			□ Remove
			Change

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Note:	ive date, if other than the date of filing:  cenve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020° If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the recor ford is fi	d 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 led.
Dated	01/17 2023
	Signature of a member or authorized representative of a member
	Xueli Gao
	Typed or printed name of signee

Filing Fee: \$25.00