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

from:

Account Number : PETER MATHISON LLC Account Number : 124189803152 Phone : (385)528-9343 Fax Number : (286)785-2040

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENOMETRICS LLC

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COVER LETTER

Division of Cor			
SURISCE.		METRICS LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	F.	ERNANDO VILLARREAL	
		Name of Person	
		PETER MATHISON LLC	
		Firm/Company	
	PETER MATHISON LLC Firm/Company 800 SE 4TH AVENUE, SUITE 139 Address HALLANDALE BEACH, FL 33009 City/State and Zip Code ADMIN@TUCONTADORENMIAMI.COM E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: NANDO VILLARREAL Name of Person Area Code Daytime Telephone Number Check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Sirvet Address: Street Address: Street Address: Registration Section Division of Corporations		
		Address	
	HALI	LANDALE BEACH, FL 33009	
		•	
For further information c			tification)
FERNANDO V	ILLARREAL	at (
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addrey</u>	i <u>s:</u>		
Registration !	Section	-	
Division of C P.O. Box 632	•		•
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GENOMETRICS LLC			
(Name of	the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ers on our records.)		-
he Articles of Organization for this L	imited Liability Company were filed on _	11/15/2021	and:	assigned
lorida document numberL210	000489141			
his amendment is submitted to amend	d the following:			
. If amending name, enter the new	name of the limited liability company h	<u>ere</u> :		
ne new name must be distinguishable and co	ntain the words "Limited Liability Company," the	designation "LLC" or the	abbreviation	"L.L.C."
nter new principal offices address,	if applicable:			
Principal office address MUST BE A	STREET ADDRESS)			
nter new mailing address, if applic			<u>.</u>	
Mailing address MAY BE A POST O	OFFICE BOX)			
				
. If amending the registered agent	and/or registered office address on our	records, enter the na	me of the	new register
gent and/or the new registered office	ce address here:		~	6)
			<u>:-</u> :.	022
Name of New Registered Ag	<u>ent</u> :		: -	<u> </u>
New Registered Office Addre	200		: - -	₹ □ ,
New Registered Office Addition	Enter Flo	orida street address	· · · · ·	
		, Florida	<u>-</u> ;	3 0
	City	, FIOTIUA	: · Zip Co	de
ew Registered Agent's Signature, if cl	hanging Registered Agent:		· - ;	$\frac{\omega}{2}$

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

Title	Name	<u>Address</u>	Type of Action
AMBR	FLORES FERRES, MARIA V	800 SE 4TH AVENUE, SUITE 139	
		HALLANDALE BEACH, FL 33009	Пенюче
			Change
			□Add
			□Remove
			Change
		201	□Add
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an effective lote: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Department	ecific and cannot ses not meet th	t be prior to da e applicable	e of filing or mo statutory filing	re than 90 days afte	onal) r filing.) Pursuan s date will not	to 605.020 be listed as
record spec I is filed.	cities a delayed effective date	, but not an eff	ective time, ;	at 12:01 a.m. o	n the earlier of: (1	o) The 90th d	ay after the
ated	MAY 25 TH		2022				
				IZUELA			
_	Signa	ture of a member	r or authorized	representative of	of a member		

Filing Fee: \$25.00