

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000489141

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

From:
Account Name : US CONTADOR INC
Account Number : I20200000121
Phone : (770)928-2700
Fax Number : (888)772-8108

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

Email Address: _____

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

Certificate of Status	0
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2022 AUG - 8 11:54

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2022 AUG - 8 PM 6:10
TALLAHASSEE, FLORIDA

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AUG - 8 2022

T. LEMIEUX

8/8/2022, 11:38 A

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GENOMETRICS 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 11/15/2021 and assigned
Florida document number L21000489141.

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:

4855 W HILLSBORO BLVD B3

(Principal office address MUST BE A STREET ADDRESS)

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

4855 W HILLSBORO BLVD B3

(Mailing address MAY BE A POST OFFICE BOX)

COCONUT CREEK, FL 33073

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:

CONTADOR RA LLC

New Registered Office Address:

4855 W HILLSBORO BLVD B3

Enter Florida street address

COCONUT CREEK

Florida 33073

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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	VALENZUELA OYANTELL, JOSE L	4855 W HILLSBORO BLVD B3	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FLORES FERRER, MARIA V	4855 W HILLSBORO BLVD B3	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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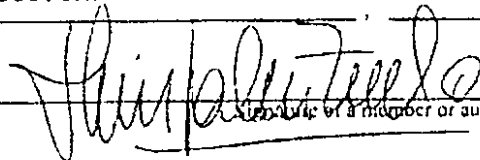
H22000267032 3**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 3RD, 2022_____
Signature of a member or authorized representative of a member

JOSE L. VALENZUELA OYANEDEL

Typed or printed name of signer**H22000267032 3**