2/11/22, 1:18 PM

Division of Corporations



**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.

(((H22000056464 3)))



H220000564643ABC3

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address:

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIVERSITI LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55,00 |

Electronic Filing Menu

Corporate Filing Menu

Help

company has been notified in writing of this change.

## 12122023573

From: Lexus Wingo

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

| Universiti LLC  |  |   |
|---|--|---|
| (Name of the Limited Liability Compan-<br>(A Florata Limited Li   | as it now appears on our records.)  ability Company)                     |   |
| The Articles of Organization for this Limited Liability Company v Florida document number 1.22000038026   | ere filed on January 14, 2022  | and assigned                                  |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited liabil   | ity company here:  |   |
| Universiti Labs, LLC  |  |   |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designation "LLC" or the a                               | 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 acagent and/or the new registered office address here:   | ldress on our records, <u>enter the na</u>                               | me of the new registered                      |
| Name of New Registered Agent:   |  | 27<br>127                                     |
| •   |  |   |
| New Registered Office Address:  | Enter Florida street address<br>- Florida                                | AND       |
|   | City   | Zip Ckp                                       |
| New Registered Agent's Signature, if changing Registered Agent:   |  | 56  |
| I hereby accept the appointment as registered agent and agre-<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as po-<br>being filed to merely reflect a change in the registered office of | performance of my duties, and I an<br>rovided for in Chapter 605, F.S. O | n familiar with and<br>r, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

To: -18506176383

MGR = Manager

Page: 5 of 6

2022-02-11 12.20:02 CST

12122023573

From: Lexus Wingo

Hamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = Authorized Member |             |         |                                   |  |  |
|--------------------------|-------------|---------|-----------------------------------|--|--|
| <u>Title</u>             | <u>Name</u> | Address | Type of Action                    |  |  |
|                          |             |         | DAdd                              |  |  |
|                          |             |         | \ \_Remove                        |  |  |
|                          |             |         | □ Change                          |  |  |
|                          |             |         | DAdd                              |  |  |
|                          |             |         | Remove                            |  |  |
|                          |             |         | ☐ Change                          |  |  |
|                          |             |         | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |  |
|                          |             |         |                                   |  |  |
|                          |             |         |                                   |  |  |
|                          |             |         | □ Add                             |  |  |
|                          |             |         | □Remove                           |  |  |
|                          |             |         | ☐ Change                          |  |  |
|                          |             |         |                                   |  |  |
|                          |             |         | Remove                            |  |  |
|                          |             |         |                                   |  |  |
|                          |             |         | 🗀 Add                             |  |  |
|                          |             |         | Reniove                           |  |  |
|                          |             |         | □Change                           |  |  |

| . If amending any oth informati   | ion, enter change(s) here: (Attach additional sheets, if necessary.)  |                               |
|---|---|-------------------------------|
| <del></del>   |   |                               |
|   |   | _                             |
|   |   | _                             |
|   |   | _                             |
|   |   | _                             |
|   |   | _                             |
|   |   |                               |
|   |   | _                             |
|   |   | <del></del>                   |
|   |   |                               |
|   |   | <del></del>                   |
|   |   |                               |
|   |   |                               |
|   |   |                               |
|   |   |                               |
|   |   |                               |
| Effective date, if other than the outfan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to bek does not meet the applicable statutory filing requirements, this date will not be | 605.0207 (3)<br>fisted as the |
| he record specifies a delayed effective<br>ord is filed   | e date, but not an effective time, at 12 01 a.m. on the earlier of: (b). The 90th day a   | after the                     |
| Dated February 13   | . 2022  |                               |
| is/ David Kaplan  | Signature of a member or authorized representative of a member  | _                             |
| David Kaplan  | Signature of a menuer of aumorized representative of a memoer   |                               |
| ·   | Typed or printed name of signee   | -                             |