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.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email	Address:									
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LLC AMND/RESTATE/CORRECT OR M/MG RESION -T.S. LABS LLC

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Page Count	03
Estimated Charge	\$55.00

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T. LEMIEUX JUL 15 2025 To: .

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COVER LETTER

TO: Registration Division of C			p 3
T.S. LA	BS LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Erik Treutlein		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	11501 Domain Dr., Suite	200	
		Address	
	Austin, TX 78758		
		City/State and Zip Code	
	rodrigo@soruengineering.		
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
Erik Treutlein		800 773-0888	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T.S. LABS LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number <u>L22000305757</u>	Liability Company were filed on $\frac{0}{2}$	7/08/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
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 appli	cable:	2025
Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable:		- <u>- </u>
Mailing address MAY BE A POST OFFICE	BOX)	5
		_
registered agent and/or the new registered (n our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	3280 W 92nd Pl	rida street address
	Hialeah	
	Сич	, Florida 33018 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.

/S/ THOMAS SEVILLA

If Changing Registered Agent, Signature of New Registered Agent

To:	Page: 5 of 6	2025-07-13 23:43:52 PDT	LegalZoom.com, Inc.	From: Pretik Gede

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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Remove
			Change
			□ Remove

_____ Change

		2025-07-13 23 43.52 PDT	LegalZoom com, Inc.	From: Pretik (
D. If amer	nding any other informa	ition, enter change(s) here: (Attach e	additional sheets, if necessary.)	
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(H'an effe <u>Note:</u> 1	ctive date is fisted, the date mus f the date inserted in this blo	it be specific and cannot be prior to date of film	ng or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be lis	
	ord specifies a delayed 90th day after the rec		tive time, at 12:01 a.m. on the earl	ier of:
Dated (07/13	. 2025		
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	/S/ THOMAS SE	EVILLA		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00