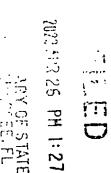
122000 350666

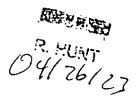
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Marile)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400407370394





COVER LETTER

ision of Corp	orations		
	LLC		
	Name of Lim	ited Liability Company	
l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
all correspoi	ndence concerning this matter	to the following:	
	ARTEM MEDVEDEV		
		Name of Person	
		Firm/Company	
		типисотрану	
	7701 TIMBERLINE PARI	K BLVD APT 1433	
		Address	
	JACKSONVILLE, FL 322	256	
		City/State and Zip Code	
			aution)
			canony
nformation co	ncerning this matter, please ca	all:	
BOVOY		904 396-6777 at ()	
Name of	Person	Area Code Daytime	Telephone Number
a check for the	e following amount:		
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NATOCAT Articles of Anticles	ARTEM MEDVEDEV 7701 TIMBERLINE PAR JACKSONVILLE, FL 322 MEDVEDEVCHANNEL@ E-mail address: (Information concerning this matter, please can be concerned by the concerning this matter.) Responsible to the collowing amount: The check for the following amount: The check for the following amount: The check for the following amount:	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If all correspondence concerning this matter to the following: ARTEM MEDVEDEV Name of Person Firm/Company 7701 TIMBERLINE PARK BLVD APT 1433 Address JACKSONVILLE, FL 32256 City/State and Zip Code MEDVEDEVCHANNEL@GMAIL.COM E-mail address: (to be used for future annual report notification concerning this matter, please call: BOVOY Name of Person at (904 396-6777 at (904) 296-6777 Area Code Daytime Telling Fee S 330.00 Filing Fee & Certified Copy

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VATOCAT LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number <u>L22000350666</u> .	ny were filed on <u>08/08/2022</u>	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
ROBOLABS SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		r-3
Principal office address MUST BE A STREET ADDRESS)		- 13 m
		3 2
		25 B
nter new mailing address, if applicable:		ကိုဝ 🕆 🗓
Mailing address MAY BE A POST OFFICE BOX)		TIS II
Mailing address SIAT BE A FOST OFFICE BOAY		77 27
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	From El. 11 12	
	Enter Florida street address	
	, Flori	
	Ciry	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.

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>	Address	Type of Action
			□Add
		 -	□ Remove
			□Change
			□Add
			□ Remove
			Change
			
			□Remove
			Change
			□Add
			□Remove
			
			☐ Remove
			□Change
		 	□Add
			□Remove
			Change

					 -		-
							-
							-
							_
			-	-			
						<u>. </u>	•
			 				-
							-
		<u> </u>					-
			·		· · · · · · · · · · · · · · · · · · ·	· • · • · • ·	-
							_
							-
							-
							-
							-
			<u></u>				-
ffective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 2.	t be specific a ock does not	nd cannot be pri meet the app	licable statuto	ng or more than ry filing requir	(option: 90 days after fili ements, this da	ng.) Pursuant to 605	5.0207 (ted as t
record specifies a delayed effective is filed.	e date, but no	ot an effective	e time, at 12:0	La.m. on the e	arlier of: (b)	The 90th day afte	er the
ated		2023					
	シ	$ \bigcirc $					
			thorized repres				

Typed or printed name of signce