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(Ke	questor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Analyze Lab	Partners , LL ited Liability Company	<u>-C</u>
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Anna	Dzeva Name of Person	
		Lab Partners, L	
	160 SW 12+n A	VE, UNIT 103A Address	
	Deenfield E	Seach, FL 33442 City/State and Zip Code	2023 AP SECRI
	in for E-mail address: (1	Seach, FL 33442 City/State and Zip Code Spector lab · com to be used for future annual report notifi	25 CALL VI VALUE OF 22
For further information co	oncerning this matter, please ca	all:	
Anna Name of	Dzeva Person	all: at (<u>561</u>) <u>507</u> Area Code Daytime	-05-22 N
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HNG 1426 Lab Pa (Name of the Limited Liability Company a (A Florida Limited Liabi	OR TWERS,	LLC ir records.)	
(A Florida Limited Liabi	hty Company)		
The Articles of Organization for this Limited Liability Company well-florida document number $\angle 23000111882$.			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liability of	Company," the designat	tion "LLC" or the ab	obreviation "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)	N,	/A	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: Name of New Registered Agent:	dress on our record	is, <u>enter the nan</u>	ne of the new registere
Tallic Of Tech Technology			
New Registered Office Address:	Enter Florida sti	reet address	
	City	Florida	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

Title	<u>Name</u>	Address	Type of Action
MGR	Anna Dzeva	160 SW 12th Ave Suite 103B Decessed Beach, FL 33442	Madd
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			🗆 Add
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e: If the	ate, if other than the date is listed, the date must date inserted in this blo effective date on the De	ick does not m	eet me appuca	o date of filing of ble statutory fi	(c more than 90 days ing requirements	optional) after filing.) P , this date wi	ursuant to 605.0 Il not be liste
cord spec tilled.	rifies a delayed effective	: date, but not :	an effective tir	me, at 12:01 a.i	n, on the earlier o	of: (b) The !	≀0th day after
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Filing Fee: \$25.00