## L23000247894

(Re	equestor's Name)	
(Ac	dress)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Partners L. SUBJECT:	aboratory, LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James H.Burgess, Jr., Esq.		
		Name of Person	
	Burgess, Harrell, Mancusc	o. Colton & La Porta, P.A.	
		Firm/Company	<u> </u>
	1776 Ringling Boulevard		
		Address	
	Sarasota, FL 34236		
		City/State and Zip Code	·····
	jburgess@burgessharrell.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	atl:	
James H. Burgess, Jr.		94) 366-3700	
Nume o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee.			oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Partners Laboratory, LLC				
( <u>Name of the Limited Liab</u> (A Flori	ida Limited I	ny as it now appears on our Jability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number 1.23000247894	Company	were filed on May 19, 20	023 ai	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabi	ility company here:		
The new name must be distinguishable and contain the words "Li	imited Liabil	ity Company," the designatio	n "LLC" or the abbreviat	on "L.L.C."
Enter new principal offices address, if applicable:		2724 Leafy Lane		
(Principal office address MUST BE A STREET ADL	ORESS)	Sarasota, FL 34239		<u>.                                    </u>
			50	3
			ί.	-i -i
Enter new mailing address, if applicable:		2724 Leafy Lane	·	~~ ^>
(Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL 34239		-13 ·
				<del>7</del>
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		address on our records,	enter the name of th	e new registered
New Registered Office Address: 272-	4 Leafy Lar	ne		
		Enter Florida street	t address	<del></del>
Sara	isota		, Florida	
		City	Ζίρ	Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent.	nt and agre complete	performance of my dut		ir with and

If Changing Registered Agent, Signature of New Registered Agent

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROBERT L. BERGS	3988 MANATEE AVENUE EAST	□Add
		BRADENTON, FL 34208	■Remove
		<del></del>	□Change
MGR	COLBY K. SILJESTROM	3988 MANATEE AVENUE EAST	□Add
	BRADENTON, FL 34208	□Remove	
			<b>■</b> Change
MGR	JASON R. BILOTTA	P.O. BOX 21751	□Add
		SARASOTA, FL 34276	□Remove
			<b>■</b> Change
<del></del>			□ Add
			□Remove
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Dated _	Aug & Suggest Disperse ID
	Aun XI Barres A
	Significant of a member or authorized representative of a member
	JAMES H. BURGESS, JR.

D.

Filing Fee: \$25.00

Typed or printed name of signee