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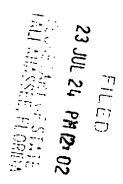
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer.
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J. HORNE
J. HORNE AUG 1 8 2023
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor		•	4
		GENETICS, LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LAWRENCE SALVO		
			Name of Person	
		SAYGEN GENETICS		
		.	Firm/Company	
		450 ALTON ROAD, 3704		
			Address	
		MIAMI BEACH, FLORIE	DA 33139	
			City/State and Zip Code	
		ITALPISCES@GMAIL.CO		
		E-mail address: (to be used for future annual report notification)	
For fu	rther information e	oncerning this matter, please c	all:	
LAW	RENCE SALVO		305 9784590	
-	Name o	1 Person	Area Code Daytime Telepho	ne Number
Enclos	sed is a check for th	he following amount:		
≡ \$3	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 tadditional copy is enclosed)
	Mailing Addres		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporatio	
	P.O. Box 632		The Centre of Tallahas	
	Tallahassee,	r L 32314	2415 N. Monroe Street	i, Suite a 10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAYGEN GENETICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 07/13/23	and assigned
Florida document number <u>L23000332182</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the 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:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	Iress
	,	Florida
	City	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
AMBR	LAWRENCE SALVO	450 ALTON ROAD, 3704	
		MIAMI BEACH, FLORIDA 33139	□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Change
			🗀 Add
			□ □Remove
			□Change
	 		🗀 Add
			□Remove
			□ Change
		<u> </u>	🗀 Add
			□Remove
			□Change

. 11 81	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an <u>Not</u>	ctive date, if other than the date of filing:
	filed.
Date	ed 07/21/23
	Signature of a member or authorized representative of a member
	LAWRENCE SALVO
	Typed or printed name of signee

Filing Fee: \$25.00