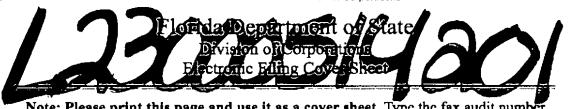
Division of Corporations

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(((H23000402076 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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H23000402076 3

COVER LETTER

	ration Section of Corpo					
Ei SUBJECT: _	ista Labora	tories, LLC				
30 D3 ECT		Ŋ	lame of Limit	d Liab	ility Company	
Dear Sir or Mac	lam;					
The enclosed St	atement of	Correction and fee(s) a	re submitted f	or filing	ζ .	
Picase return ali	correspond	lence concerning this n	natter to the fo	llowing	;:	
Colleen Monag	han					
 .	-	Name of Person	<u> </u>		-	
Royer Cooper (Cohen Brau	nfeld LLC				
		Firm/Company			•	
101 West Elm	Street, Suite	: 400				
		Address	· •		-	
Conshohocken,	PA 19428					
	City	State and Zip Code	<u>- ·</u>	J	-	
john.stanise@e	listalabs.co	m				
E-mail add	iress: (to be	used for future annual	report notific	ation)	-	
- 4			.,			
		cerning this matter, ple				
Colleen Monag			484 at () Daytime Telephone Number	
	Name of F	Person	Are	a Code	Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a ci	heck for th	e following amount:				
□\$25 Filing Fe	e 🗆	\$30 Filing Fee & Certificate of Status	□\$55 Filing Certified		 \$60 Filing Fee, Certificate of Status & Certified Copy 	

CR2E062 (9/15)

H23000402076 3

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to section 605.0	209, F.S., this document is being submitted	i to correct a previously filed documen	ıt.				
FIRST	: The name of the	limited liability company is: Elista Laborat	ories, LLC					
SECO	ND: The Flor	rida Document number of the limited liabil	ity company is:					
THIR		ent to be corrected is: Articles of Organization						
		THE APPROPRIATE BOX AND COM		MENT				
_v			-					
пX	Contains an inco statement are as	rrect statement. The incorrect statement, t follows:	he reason the statement is incorrect, an	d the corrected				
	Suite C-228 as li	Suite C-228 as listed in the principal office address, mailing address and address of the Manager is incorrect due						
	to a typo. The co	orrected principal office address, mailing add	ress and Manager address is:					
	7491 N. Federal	Highway, Suite C-5228, Boca Raton, FL 334	87					
	OR							
		Was defectively signed. The manner in which the document was defectively signed and the appropriate correction a						
	as follows:							
								
				~3				
				22				
	OR							
		ansmission of the record was defective.	11,01,002					
	/s/ Colleen Mona	*	11/21/2023	<u></u>				
	Signat	ture of Authorized Representative	Date	57				
	are of new registering the designation	red agent, if applicable :(NOTE: if correcti	ng the registered agent, the new registe	red agent must sign				
New R	egistered Agent's	Signature, if changing Registered Agent:						
I hereb	w accept the appoi	intment as revistered agent and agree to a	t in this capacity. I further agree to co	mply with the				
rejlect	ons of all statutes tions of my position a change in the re change.	relative to the proper and complete perforn n as registered agent as provided for in Ch gistered office address, I hereby confirm th	nance of my duties, and I am familiar vapter 605, F.S. Or, if this document is lut the limited liability company has be	with and accept the being filed to merely en notified in writing				
		Registered Agen	t's Signature					
		-	_					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)					