

To: 8/16/24 1:03 PM

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2024-08-17 09:12:03 UTC-14

18506176383

From: ZenBusiness User

L241000239351

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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

Email Address: _____

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2024 AUG 16 AM 11:09
TALLAHASSEE, FL 32301
CLERK OF SUPERIOR COURT

RECEIVED

2024 AUG 16 PM 4:20
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MINUSTOUCHMOBILEPHLEBOTOMYSERVICES.HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

To:

Page: 2 of 4

2024-08-17 09:12:03 UTC-14 18506176383
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

18506176383

From: ZenBusiness User

FILED
2024 AUG 16 AM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Minustouchmobilephlebotomyserives.health 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 5/23/2024 and assigned
Florida document number L24000239351

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6768 Heritage Grande

206

Boynton Beach, FL 33437

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6768 Heritage Grande

206

Boynton Beach, FL 33437

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

H24000275669 3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Karlyne St Louis	6768 Heritage Grande	<input type="checkbox"/> Add
		206	<input type="checkbox"/> Remove
		Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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FALL HAVEN, FL 33427
COUNTY CLERK

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Purpose should be alter to read as follow:

Mobile blood draw, DNA, Paternity testing at people doorstep or work place and offices

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STATE OF MISSISSIPPI
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/16, 2024

/s/Karlyne St Louis

Signature of a member or authorized representative of a member

Karlyne St Louis

Typed or printed name of signee