## L24000279817

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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

	gistration Secu vision of Corpo					
SUBJECT:	KEMASABE LABORATORY SERVICES, LLC					
organia. C		Name of Lim	ited Liability Company			
The enclosed	l Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	lence concerning this matter	to the following:			
		SHAKEMA S. THOMAS				
			Name of Person	<del></del>		
KEMASABE LABORATORY SERVICES, LLC						
	FinnCompany					
	4300 BISCAYNE BLVD SUITE 203					
			Address			
		MIAMI, FL 33137				
 sh		City/State and Zip Code shakemathomas@att.net		2024 SEC		
		<del>-</del>	to be used for future annual report	t notification)		77
For further in	nformation con	cerning this matter, please ca	all:		TAR) AHA	
SHAKEMA	S. THOMAS		786 443-097	70	2024 JUL 10 PH 3 22 SECRETARY OF STAT TALLAHASSEE, FL	
	Name of P	erson	Area Code De	aytime Telephone Number	2024 JUL 10 PH 3 22 SECRETARY OF STATE TALLAHASSEE, FL	
Enclosed is a	a check for the	following amount:			1	
<b>≅</b> \$25,00 I	Tiling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional cop	of Status & opy	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

KEMASABE LABORATORY SERVICES, LLC

The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/20/2024}{1}$ \_ and assigned Florida document number  $\frac{L24000279817}{L}$ 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHAKEMA S. THOMAS	4300 BISCAYNE BLVD	■Add
		SUITE 203	□ Remove
		MIAMI, FL 33137	□Change
			🗆 🗆 🗆 🗆 🗆 🗆
			□Remove
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Filing Fee: \$25.00