

LS000155241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

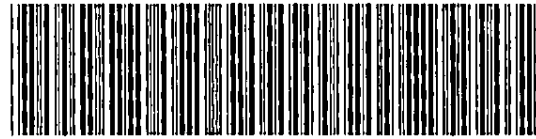
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JAN 24 PM 3:35

FILED

C. GOLDEN

01/24/19

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: ORANGE LAB MEDIA GROUP, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEEL RUSSELL  
Name of Person

ORANGE LAB MEDIA GROUP, I.L.C  
Firm/Company

333 LAS OLAS WAY, SUITE 325.  
Address

FORT LAUDERDALE, FL 33301  
City/State and Zip Code

LFGAL@ORANGELMG.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEEL RUSSELL at ( 954 ) 305-1985  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2019 JAN 24 PM 3:35

ORANGE LAB MEDIA GROUP, LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/11/2015 and assigned Florida document number L15000155241.

This amendment is submitted to amend the following:

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

THE OLAB GROUP, LLC.

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)**

THE OLAB GROUP, LLC  
333 LAS OLAS WAY, SUITE 325  
FORT LAUDERDALE, FL 33301

**Enter new mailing address, if applicable:**

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

THE OLAB GROUP, LLC  
333 LAS OLAS WAY, SUITE 325  
FORT LAUDERDALE, FL 33301

**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

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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

