L180000 65481

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SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

TO:

Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations					
SUBJECT:		ITAL LAB, LLC			
Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		JULIANA DOS SANTOS			
			Name of Person		
		GFS TAX & ACCOUNTIN	NG SERVICES		
Firm/Company					
2001 W CYPRESS CREEK RD STE 102B					
					
		FORT LAUDERDALE, FL	_ 33309		
			City/State and Zip Code		
		JULIANA@GFSTAXACCT	Γ.COM o be used for future annual report notificat	tion)	
For further in	nformation cor	ncerning this matter, please ca	•	,	
JULIANA DOS SANTOS			954 957-3244 at ()		
	Name of I	Person	Area Code Daytime Te	elephone Number	
Enclosed is	a check for the	following amount:			
□ \$25.00 F	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)	

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

SENNA DEN (Name of the Limit	FAL LAB. L ed Liability Company as it (A Florida Limited Liability	now appears on our re Company)	ecords.)		
The Articles of Organization for this Limited L Florida document number L18000065481	iability Company were	filed on 03/13/2018		_ and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability co	ompany here:			
The new name must be distinguishable and contain the v	vords "Limited Liability Cor	npany," the designation	"LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	T ADDRESS)		<u>Ā</u> ∪	- 22	
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Enter new mailing address, if applicable:				+	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	H	[[]
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B. If amending the registered agent and registered agent and/or the new registered o		iddress on our rec	eords, <u>enter th</u>	<u>e_name_</u>	of the nev
Name of New Registered Agent:	GFS TAX & ACCOU	NTING SERVICES			
New Registered Office Address:	2001 W CYPRESS C	REEK RD STE 102B			
Trem Registered Office Address.		Enter Florida street a	ddress	10010	
	FORT LAUDERDAL	Æ	_, Florida <u>33309</u>)	
	C	lity .	_,	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>	Type of Action
AMBR	VALMOR PEREIRA	1963 NW 136TH	
		APT 541	□ Remove
		SUNRISE, FL 33323	Change
AMBR	ROSELI C PEREIRA	1963 NW 136TH	B
		APT 541	_
		SUNRISE, FL 33323	■ Change
	·	 	
			□ Remove
			☐ Change
			Add
			□ Remove
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			Remove
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ective date, if other than the date effective date is fisted, the date must be speed in this block do ament's effective date on the Department.	es not meet the applica	able statutory filin:	(optio ore than 90 days after g requirements, this	nal) filing.) Pursuant to date will not be	605.0 listec
record specifies a delayed effe ne 90th day after the record is	ctive:date, but no i filed.	t an effective t	ime, at 12:01 a	.m. on the e	arlier
d APRIL 27TH	2017	 •			
Signat	ure of a member or autho	rized representative	of a niember		

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Filing Fee: \$25.00