

L20000383549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

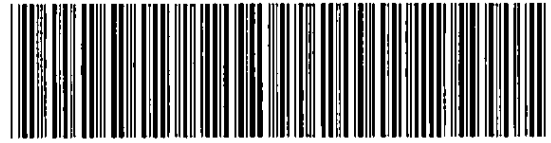
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCURATE TEST LAB 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:

MONICA M GERMAN, EA
Name of Person
MG OFFICE SYSTEMS INC
Firm/Company
8637 ESCONDIDO WAY EAST
Address
BOCA RATON, FL 33433
City/State and Zip Code
mgtaxsol@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MONICA M GERMAN 954 554-7424
Name of Person at (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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	HACHT, BRIAN	3580 SW 30TH AVENUE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD C. BULMAN, JR	920 NE 119TH STREET	<input checked="" type="checkbox"/> Add
		BISCAYNE PARK, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Lined area for amending information, currently empty.

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TALLAHASSEE, FL

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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 OCTOBER 19 2023

Signature of a member or authorized representative of a member

DIEGO BARRAGAN

Typed or printed name of signee