Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : I20090000081

Account Name : REGISTERED AGENTS INC.

Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FASTLABS MOBILE 004, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FASTLABS MOBILE 004, 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 02/12/2021 and assigned
Florida document number L21000058179	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70.00 Z
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	022 F
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and orovided for in Chapter 605, F.S. Or, if this document is
If C'han	ging 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>	Address	Type of Action
coo	PROVINCE ZAMEK	7901 4TH ST. N STE 300	XJAdd
		ST. PETERSBURG, FL 33702	Remove
			□Change
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tive date, if other than the date of file feetive date is listed, the date must be specific.	and cannot be prior to da	e of filing or more than 9	(optional) Odays after filing	.) Pursuant to	n 605. • Listo
If the date inserted in this block does no nent's effective date on the Department o	of State's records.	statutory ming require			. HSC
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September 6					
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Signature of	f a member or authorized	representative of a men	ber	- 15 A	<u>-</u>

Filing Fee: \$25.00