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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 Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DROPSHIP LABS LLC

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COVER LETTER

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TO:	Registration So Division of Co			
SUBJE	·CT.	DROP	SHIP LABS LLC	
SOBJE		Name of Lir	mted Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
		LOVETTE DOBSON		
			Name of Person	-
			Firm/Company	
	17350 STATE HWY 249 STE 220			
			Address	
		HOUSTON, TX 77064		
		EFILE 1234@INCFILE.CO	City/State and Zip Code	
		E-mail address: (to be used for future annual rep	ort notification)
For furt.	her information co	oncerning this matter, please c	all:	
LÖVET	TE DOBSON		1 8884 6	23453
	Name of	Person	at () Atea Code	Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Soo,00 Filing Fee, Certificate of Status & Certified Copy (additional copy)'s enclosed)

Mailing Address:

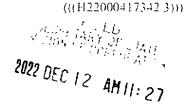
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DROPSHIP LABS 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 $\frac{12/05/2022}{1}$ _____ and assigned Florida document number 1,22000510544 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 "ELC" or the aboreviation "E.E.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cay

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

___, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AUGUST TSUTSUMI	1150 NW 72ND AVE TOWER 1STE 455 #8500	
		MIAMI, FL 33126	Remove
			Change
			□Add
			□Remove
			🗆 Change
			(DAdd
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cord specifies a delayed effecti s tiled.	se date, but not an effective time, at 12:01 a.m. on it	ne earlier of: (b) The 90th day after the
DECEMBER 12	2022	
	Signature of a member of apphorized representative of a	unamber