

L14 0000 66984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

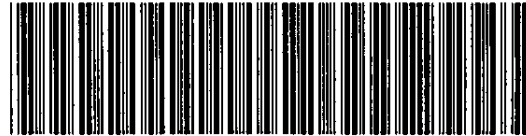
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700265520377

10/17/14--01003--005 **25.00

FILED
14 OCT 17 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART 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:

JUSTIN WAYNE
Name of Person

SMART LAB, LLC
Firm/Company

10385 IRONWOOD RD, SUITE 130
Address

PALE BEACH GARDENS, FL 33410
City/State and Zip Code

justin@smartlabtest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN WAYNE at (561) 351 3178
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**

SMART LAB, 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 4/24/2014 and assigned
Florida document number L14000066984

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 end with 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)

10385 IRONWOOD RD, SUITE 130
PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10385 IRONWOOD RD, SUITE 130
PALM BEACH GARDENS, FL 33410

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:

JUSTIN WAYNE

New Registered Office Address:

10385 IRONWOOD RD, SUITE 130
Enter Florida street address
PALM BEACH GARDENS, Florida 33410
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.

Justin Wayne
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	PRA 2014 TRUST	5716 WHIRLAWAY RD	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
AMBR	RML 2014 TRUST	3500 SW CENTER COURT	<input checked="" type="checkbox"/> Add
		PALM CITY, FL 34990	<input type="checkbox"/> Remove
AMBR	RAMON ALVAREZ	5716 WHIRLAWAY RD	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Remove
AMBR	MARC LEVINE	3500 SW CENTER COURT	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 OCT 11 AM 9:31
SECRETARY OF STATE
FALL AID SOCIETY

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

E. Effective date, if other than the date of filing: upon filing (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 14th, 2014.



Signature of a member or authorized representative of a member

JUSTIN WAYNE

Typed or printed name of signee

FILED
14 OCT 17 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA