

LD2000032817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

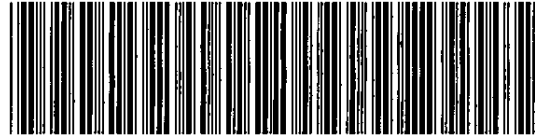
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SEP 09 2008

EXAMINER



700135403187

09/08/08--01006--008 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -8 PM 4: 04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LABO, 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:

Martin Kessler, Esq.

(Name of Person)

Martin Kessler, P.A.

(Firm/Company)

1907 W. Kennedy Blvd.

(Address)

Tampa, Florida 33606-1530

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin Kessler, Esq.

(Name of Person)

at (813) 254-5014

(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**

LABO, 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 12/09/2002 and assigned
Florida document number L02000032817.

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)

LABO, LLC

144 Main Road

Montville, NJ 07045

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

LABO, LLC

P.O. Box 550

Montville, NJ 07045

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -8 PM 4:04

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:

Martin Kessler, Esq.

New Registered Office Address:

1907 W. Kennedy Blvd.

(Enter Florida street address)

Tampa

(City)

, Florida 33606-1530

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

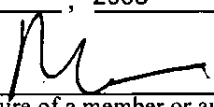
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Operating MGR	William L. Ponton	15100 Hutchison Road Tampa, Florida 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer	William L. Ponton	15100 Hutchison Road Tampa, Florida 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Operating MGR	Robert S. Vernicek	Box 550 Montville, NJ 07045	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	Robert S. Vernicek	Box 550 Montville, NJ 07045	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 25, 2008


Signature of a member or authorized representative of a member

Robert S. Vernicek

Typed or printed name of signee