L03000039217

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
L03-39217		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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08/01/08--01019--008 **25.00

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SEGRETARY OF STATE
TAIL AHASSEF FLORID.

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lo	Name of Lim	mited Liability Company)	Ompan T
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian C.	(Name of Person)	
	LabSafe	(Name of Person) (Firm/Company)	
	1023 S. /		
	Helly noon	City/State and Zip Code)	
For further information of	oncerning this matter, please ca	all:	
Brian L (Name	(CNN)	at (305) 498-4 (Area Code & Daytime T	Celephone Number)
Enclosed is a check for the	ne 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



August 4, 2008

BRIAN C. LUNN 1023 S. 16TH AVENUE HOLLYWOOD, FL 33020

SUBJECT: LABSAFE, LLC Ref. Number: L03000039217

We have received your document for LABSAFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You list Ed's name as CEO and COO with (2) different addresses. Is one a senior or junior?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 908A00044388

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Lab Sefe, LLC	08 AUG 13 AM 9: 54		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records TATE ed Liability Company)		
	any were filed on 7/10/2008 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2450 Hullywood Blud, Suire 310		
(Principal office address MUST BE A STREET ADDRESS	2450 Hollywood Blvd. Suire 310 140114wood, FL 33020 USA		
Enter new mailing address, if applicable:	2450 Hollywood Blud Suire 3/0 Hollywood, FL 33626 LOSA		
(Mailing address MAY BE A POST OFFICE BOX)	Hollewood, FL 33626 USA		
registered agent and/or the new registered office address	office address on our records, enter the name of the new here:		
Name of New Registered Agent: Je-	ffrey Ostrow Esq.		
New Registered Office Address: 200	Jeffrey Ostrow ESq., 2005W 1st Avenue 12th FLoor (Enter Florida strebt address)		
ForTL	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Age			

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, Lhery by confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent Signature of New Registered Agent)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address** Type of Action <u>Title</u> <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove 🦳 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

11 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager