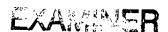
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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

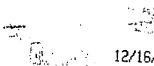
Office Use Only

G. MCLEOD





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

G. MCLEOD

DEC 19 2011

EXAMINER

TO:	Registration Section Division of Corporations	y∎r		
SUBJE	CT: Prismlab, LLC Name of Limited Liability Company			
The end	losed Articles of Amendment and fee(s) are submitted for filing.			
Please	eturn all correspondence concerning this matter to the following:			
	Hong Sheng Name of Person			
	Prismlab, LLC Firm/Company			
	11835 Magnolia Falls D	Υ·.		
	Jacksonville, FL 32258	Jacksonville, FL 32258		
	City/State and Zip Code houz @ msu.edu E-mail address: (to be used for future annual report notifica	tion)		
For furt	ner information concerning this matter, please call:	iron)		
	Zhen Hou at (904) 339-14. Name of Person Area Code & Daytime 1	SS 'elephone Number		
A	d is a check for the following amount: 00 Filing Fee \$\bigcup \\$\$30.00 Filing Fee & \$\bigcup \\$\$55.00 Filing Fee & \$\bigcup \\$\$Certificate of Status \$\bigcup \\$\$ (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 44 A 4 A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prismlab, 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 w Florida document number <u>L07000104811</u>	12/10/2007			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili				
(No Change) The new name must be distinguishable and end with the words "Limited"	= -			
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	11835 Magnolia Falls Dr. Jacksonville, FL 32258			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32258			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	(No Change) EF 3 11 11 12 12 12 12 12 12 12 12 12 12 12			
Name of New Registered Agent: Houg Sheng				
Jac	Sheng Magnolia Falls Dr. Enter Florida street address Kson ville, Florida 32258 City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac company has been notified in writing of this change.	te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is			

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 **Type of Action** Title Name **Address** 11835 Magnolia Falls Dr. ☐ Add ☐ Remove *Change Address MGRM \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/13/2011 Dated Signature of a member or authorized representative of a member Hong Sheng Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00