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OCT - 7 2010

EXAMINER



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09/17/10--01027--013 **35.00

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FILED

10 OCT -6 AM IO: 10

SECRETARY OF STATE

COVER LETTER

COVEREDITER					
TO: Registration Section Division of Corporations					
SUBJECT: INTERCHEM LABS L.L.C Name of Limited Liability Company					
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:					
BALLON BAEY					
Name of Person					
of the same of the					
Fire Company					
12280 SW 232 St					
MIAMIFI 33170					
City/state and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
786 349 - 50 58 at (305) 609 - 8 (09) Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(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

INTERCHEM L	LABS L.L.C
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number 100000 3/2	Company were filed on q - 16 - 10 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	the following: name of the limited liability company here: d end with the words "Limited Liability Company," the designation "LLC" or the abbreviation if applicable: 12280 S(u) 232 S
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12280 SW 232 SF =
(Principal office address MUST BE A STREET ADD	RESSI MINUIF FL 331TE B
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE, F
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	RAMON BACZ
New Registered Office Address:	2280 SW 232 ST ALL
	/jau i , Florida 33170 City Zip Code
New Registered Agent's Signature, if changing Registere	

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 618, 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 = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	Name /	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
		-	Add
			[""] Damasia
· •			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets,	if necessary.)
_			
Dated		<u></u> ,	
	Signature of a m	ember or authorized representative of a memi	ber
		Typed or printed name of signee	

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Filing Fee: \$25.00