## L10000056839

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DIVISION REPRESENTATIONS

B. KOHR

OCT - 4 2010

**EXAMINER** 

JECHE JARY OF STATE
DIVISION OF CORPORATIONS

10 OCT -1, PM 34 1.5



ACCOUNT NO. : I2000000195

REFERENCE 529992

ORIZATION JUNEAU ROS

COST LIMIT : \$ 25.00

ORDER DATE : October 4, 2010

ORDER TIME : 10:55 AM

ORDER NO. : 529992-005

CUSTOMER NO: 7778291

## DOMESTIC AMENDMENT FILING

NAME: PRIVATE LABEL LABS, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PRIVATE LABEL 1	LABS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re- liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on05/26/201	0 and assigned
Florida document number <u>L10000056839</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	131 87th Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Treasure Island, FL	33706
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
		orida(Zip Code)
	(City)	(ZIP Coae)

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 **Title** Name 1 Address Type of Action RICHARD CRESSWELL MGRM 2620 KEYSTONE CT. N ST. PETERSBURG, FL. 33710 Remove Remove ☐ Remove Remove Remove Add Remove D. If amending any other information, euter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member RICHARD CRESSWELL/MGRM Typed or printed name of signee

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Filing Fee: \$25.00