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Account Number : 072450003255 Phone : (305) 634-3694

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C. LEWIS

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LABORO	LLC	
Name of the Limit	(A Florida Limited Lin	y as it now appears on initity Company)	our records.)
The Articles of Organization for this Limited	Liability Compuny v	vere filed on	1/12/2010 and assigned
Florida document numberL100001	17933		
This amendment is submitted to amend the f	ollowing:		
A. If amending pame, enter the new name	of the limited liabil	ty company berg:	
The new name must be distinguishable and end "L.L.C."	with the words "Limite	d Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STR.	EET ADDRESS		
Enter new mailing address, if applicables			
(Mailing address MAY BE A POST OFFIC	E BOXI		
	2.0		
B. If amending the registered agent an registered agent and/or the new registered Mame of New Registered Agent:			
New Registered Office Address:	<b>—</b>	Enter Florida street address	
	ļ		
		Clay	, Florida Zip Code
New Registered Agent's Stenature, if changin	e Registered Agent:		
I hereby accept the appointment as registe the provisions of all statutes relative to the accept the obligations of my position as re being filed to merely reflect a change in th company has been notified in writing of th	proper and comple gistered agent as pr e registered affice a is change.	te performance of m ovided for in Chapte ddress, I hereby con	y duties, and I am familiar with and r 608, F.S. Or, if this document is
	Page 1 o	12	

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Monager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name Address Type of Action MGR CELENTANO, SEBASTIAN 20191 E COUNTRY CLUB DR ☐ Add ☑ Remove APT 501 AVENTURA EL 33180 US BORGNO, VICTOR MGR ✓ Add ☐ Reigove 20191 E COUNTRY CLUB DR AVENTURA FL 33180 US ∐ Add Remove □ ∧od Remove ∏Add Remove □Add Remove D. If amending any other information, onter change(x) here: (Attach additional sheets, if necessary.) 31-2011 Signiture of a member of aids aurized representative of a member Page 2 of 2 Filing Fee: \$25.00

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